

THE
LADY'S
HOMEOPATHIC
MANUAL

Dr. Ruddock.



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THE
LADY'S MANUAL
OF

Homœopathic Treatment

IN THE VARIOUS DERANGEMENTS INCIDENT TO HER SEX,
WITH A CHAPTER ON THE MANAGEMENT OF INFANTS,

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THE ROYAL COLLEGE OF SURGEONS, ETC., ETC.

FIRST AMERICAN FROM THE THIRD LONDON EDITION,

With Notes and Additions

BY

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P R E F A C E.

IN this Manual the author has endeavored to point out, in a systematic and intelligible manner, the medical and general treatment of various derangements peculiar to the female organization. The statements advanced in nearly every case may be accepted as tested and confirmed by the author, and claim that weight which may reasonably be asked for the honest declarations of a careful observer. Still, even in its present enlarged form, the manual is but an imperfect sketch of a wide and interesting field of labor, to be filled up as time and opportunity permit. Enough, however, if he has added a fragment to the practical knowledge of every-day disease, which may be useful to those who consult the volume.

The value of Homœopathy in the treatment of the diseases of women and children can only be estimated by those who have adopted it considerably in this major portion of suffering humanity. The author's practice in this department of the healing art enables him to recommend the treatment as immensely superior to that of the old-school. Knowing, therefore, how great a blessing Homœopathy is to females and children, he is thankful to observe how the science is steadily and surely permeating society, especially the more intelligent and reflecting portion. And did not his own observations satisfy him of the truth, efficiency, and safety of the following prescriptions, he would, indeed, hesitate to incur the responsibility of offering them to the public. His personal observations, made during a fairly large experience, both in private and dispensary practice, together with the spontaneous testimony of the numerous correspondents just referred to, enable him to predict, even more confidently than he did seven

years since, when the first edition was published, the happiest results, whenever the directions herein contained shall be faithfully carried out.

This work is by no means intended to supersede professional Homœopathic treatment, when it is accessible, but to substitute remedies and measures of greater value, and less dangerous, than those commonly employed in Allopathic practice. It were a vain effort to attempt the suppression of home medical and general measures, more especially such as fall within the scope of this Manual; we have therefore chosen the more promising task of attempting to reform domestic treatment, by pointing out more efficient and less hazardous remedies than those too frequently used. Of course, in every serious or doubtful case, or when the treatment herein prescribed is insufficient quickly to effect the desired change, the case should be submitted to a Homœopathic practitioner. The ever-accumulating resources which the educated and diligent student of Homœopathy has at command, should encourage hope in the most difficult and complex cases.

E. H. RUDDOCK.

12 VICTORIA SQUARE, READING, *January, 1869.*

NOTE TO THE AMERICAN EDITION.—The author having disposed of the copyright of this Manual, for the United States, to Mr. C. S. Halsey, of Chicago, has made various alterations and additions, and hopes the publication will prove as useful in America as it has already been in England.

The author has recently visited America, and derived great pleasure and profit from intercourse with numerous professional and lay Homœopaths. He rejoices to find that a hearty fraternal spirit binds together the Homœopathic profession of the old and new country in close bonds;

and he will much rejoice if the issue of this Manual, in any degree, tends to subserve the beneficent cause of Homœopathy in the great land in which he has traveled, and among the people with whom he has just passed a most agreeable holiday.

READING, LONDON, *November, 1869.*

PREFACE TO THE AMERICAN EDITION.

SOME years ago our enterprising publisher, Mr. Halsey, urged the undersigned to prepare a domestic manual upon the Diseases of Women. In accordance with this request, considerable progress had been made therein, but professional engagements had prevented its completion and delayed its publication. Meanwhile Dr. Ruddock's little volume fell into our hands, and we soon recognized that it filled the place more perfectly than anything we could write.

Accordingly, and with the author's approval, the old plan was relinquished for the present one.

If the few notes and additions we have appended shall serve to render this popular Manual even more worthy and acceptable to American women than the original work already is to thousands in Great Britain, our pleasant labor will not have been bestowed in vain.

R. LUDLAM.

CHICAGO, *3rd mo. 1870.*

HINTS TO THE READER.

First. In using this work, the beginner in Homœopathy is recommended to make herself familiar with details respecting the medicines, the dose, its repetition, etc., as described in the introductory chapter, the whole of which should be carefully read.

Second. When the Manual is consulted for the treatment of any particular affection, the *whole* section devoted to it should be studied—the symptoms, causes, medicines, and accessory means—before deciding on any course of treatment. One portion of a section often throws light upon another, and hesitation in the choice between two or more remedies may often be removed by considering the causes or symptoms of the disease under treatment. As a rule, as far as practicable, the medicines are prescribed in the order in which they are most likely to be required, or of their importance; this, however, must never be taken for granted, but the remedy or remedies administered strictly according to the present symptoms of the patient.

Third. This being essentially a book of reference, the index, placed at the end of the volume, is made very copious, and every point of importance may be found by it. An occasional half-hour spent in studying the Manual will facilitate its consultation in cases of urgency.

Fourth. Sometimes, medical terms are unavoidably used; but they are either explained in the text, or the meaning is appended to such words as seemed to require explanation as they occur in the index at the end of the Manual.

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THE
LADY'S HOMOEOPATHIC MANUAL.

CHAPTER I.

INTRODUCTORY.

I.—HOMOEOPATHIC MEDICINES.

THE medicines prescribed in this Manual may be procured either in single bottles, or in a case or chest. A chest constructed expressly for this work—containing all the remedies recommended, or a selection of those most frequently prescribed, and used for no other purpose—is very desirable for those who wish to adopt the treatment under the most favorable circumstances. The medicines should be procured from an educated person of known character, who has been trained, and is exclusively engaged as a Homœopathic chemist. Failures in Homœopathic practice, we doubt not, often arise from the inefficiency of the medicines employed. Inasmuch as any person has been hitherto allowed to assume the designation of “Homœopathic chemist,” without submitting to any

test of qualification, there is the greater need for exercising caution as to the source from whence the medicines prescribed herein are obtained. Persons who are in doubt on the subject, and in whose locality there is no such chemist as we have just indicated, should consult a Homœopathic medical man, who will inform them of trustworthy persons from whom the medicines may be procured. As a general rule, Homœopathic remedies should not be purchased from an Allopathic druggist's shop, unless a separate room is specially appropriated to them; otherwise the virtues of the medicines are liable to injury by close proximity to strong-smelling drugs: and, further, Homœopathy with such associations is generally kept in the back-ground. Druggists, with a few exceptions, are opposed to Homœopathy, often deprecate it, and when they can do so, recommend their own preparations in preference.

The medicines used in Homœopathic practice are prepared in different forms—*Globules*, *Tinctures*, and *Triturations*.

II.—DIRECTIONS FOR MIXING AND TAKING THE MEDICINES.

Globules may be taken dry on the tongue, but it is better, when convenient, to dissolve them in pure soft water. If tinctures are used, the required quantity should be dropped into the bottom of a glass, by holding the bottle in an oblique manner, with the lip resting against the cork; the bottle should then be carefully tilted (*see the illustration*), when the tincture

will descend and drop from the lower edge of the cork. A little practice will enable a person to drop one or any number of drops with great exactness.



Water, in the proportion of a table-spoonful to a drop, should then be poured upon the medicine. The vessel should be scrupulously clean; and if it has to stand for some time after being mixed, it should be covered over, and the spoon not left *in* the medicine, but wiped after measuring each dose. Fine glazed earthenware spoons are the best for this purpose. If the medicine has to be kept several days, it should be put into a new bottle, particular care being taken that the cork is new and sound, and that the bottle has not been used for the medicines prescribed under the old system.

HOURS.—The most appropriate times for taking the medicines, as a rule, are, on rising in the morning, at bed-time, and if oftener prescribed, about an hour before, or two or three hours after, a meal.

THE DOSE.—In determining the quantity and strength of doses, several circumstances require consideration, such as age, sex, habits, nature of the dis-

ease, and the organ involved. We may appropriately remark in *The Lady's Homœopathic Manual*, that the superior delicacy of the female organization renders this sex, as a rule, more sensitive to the action of medicines than the male. The circulation is quicker, and the nervous system more impressible; and the dose has often to be regulated by these peculiarities.

With the above exceptions, and allowing for any idiosyncracy of constitution, the following directions may be given as to the dose:

FOR AN ADULT, *one drop of Tincture or four globules*; FOR A CHILD, *about one-half the quantity*; FOR AN INFANT, *about one-third*.

A drop is easily divided into two doses, by mixing it with two spoonfuls of water, and giving one spoonful for a dose.

REPETITION OF DOSES.—On this subject we are to be guided by the acute or chronic character of the malady, the urgency and danger of the symptoms, and the effects produced by the medicines. In violent and acute diseases, such as flooding, miscarriage, convulsions, etc., the remedies may be repeated every fifteen, twenty, or thirty minutes; in less urgent cases of acute disease, every two, three, or four hours. In chronic maladies, the medicine may be administered every six, twelve, or twenty-four hours, or even at more distant intervals. In all cases when improvement takes place, the medicines should be taken less frequently, and gradually relinquished.

III.—RULES FOR PATIENTS.

DIET.—Homœopathy is not, as is often stated, a mere system of diet. The grand rule to be observed is, that patients should partake of easily digestible and nourishing food, sufficient to satisfy hunger; and of such drink as nature requires to allay thirst. Nearly all the general remarks that it seems necessary to make in this place are, that the diet should be regulated by the patient's observations, intelligently made, as to what kinds of food and drink best agree with her, these being modified by the nature, stage, and progress of the disease under which she may be suffering.

The usual list of articles of food *allowed* and *forbidden* is omitted, as unnecessary, and sometimes perplexing. Ample and special instructions, are, however, given in nearly every section of the Manual; and these, it is believed, will be found more satisfactory than *general* directions. Different diseases and different constitutions require such a varied dietary scale as to render it impossible to give any single list applicable to all cases. Thus, in cases of diarrhoea, fruits and vegetables should be eschewed, while a confined state of the bowels requires the free use of these articles; also, when febrile symptoms are present, meat, eggs, butter, and other stimulating food should be avoided, restricting the diet more particularly to fruits and farinaceous articles.

In acute and dangerous diseases, no food whatever may be proper; the only admissible article probably

being that which nature craves, viz., pure cold water, given in small quantities, at short intervals.

DRUGS.—Persons under Homœopathic treatment, are particularly cautioned against taking herb-tea, senna, salts, castor-oil, pills, and allopathic drugs. Leeches, mustard plasters, blisters, and medicated poultices often disturb and annoy the patient, and as they are also injurious, should not be employed. The extent to which numerous patent drugs, declared to be potent to cure every disease, are now advertised and sold in every part of the country, doing an incalculable amount of injury, by causing irritation and inflammation of the alimentary canal, and lowering the tone of the digestive organs, seems to justify this caution. Religious and general literature teems with these advertisements, and by giving a virtual assent to the efficacy of the drugs they advertise, often inflict injury on their too-confiding readers.

GENERAL DIRECTIONS.—Patients are recommended to wash themselves all over in cold water, and quickly and thoroughly dry themselves with a large coarse towel or sheet, every day, or at least several times a week; during the monthly period, tepid water may be substituted for cold. The bidet or hip-bath, described in this Manual (*see next section*), is strongly recommended for general adoption. Patients should also, if possible, take moderate exercise daily in the open air; or if the weather is unsuitable, in well lighted and properly ventilated rooms.

Patients must abstain from undue indulgence in every passion, and guard against all excessive emotions, such as grief, care, anger, etc.; the active

requirements of the household, as well as its cares and anxieties, should be controlled and moderated so as not to overtax the body or overburden the mind; lastly, the excellent and healthy habit should be formed of going to bed, and rising, *early*.

These hints are of vital importance, alike for those under treatment, and for those who desire the inestimable blessing of a healthy, long life.

IV.—THE BIDET OR HIP-BATH.

A hip-bath may be procured of any respectable iron-monger; in the absence of one constructed for the purpose, however, any wide vessel about twelve inches deep, will answer the purpose. Having poured water into the bath to the depth of five or six inches, removed the night-dress as far down as the waist, and tied the hair back, the lady should plunge the entire face and hands in the water; then soap the hands well, and rub the face, neck, chest, and arms; and immediately afterwards, bathe these parts with a sponge squeezed out of the water, drying rapidly by means of a large towel. Then, after throwing a covering over her shoulders and back, and removing the dress from the lower part of her body, she should sit down in the water for about two minutes;* the instant she is thus seated,

* The time during which the patient should remain in the bath may be extended from ten to fifteen or twenty minutes. When used as a derivative, it should be cold, and the time short; when used to dispel congestion, it should be warmer and the time longer. While sitting in the bath, the shoulders, upper portion of the body, and the legs should be covered by a blanket, with a hole cut out of it for

she should fill a large sponge with the water, raise it as high as the arms will permit, squeeze out the water, and allow it to fall on the chest, and, again over the back and shoulders; she may also rub the general surface, especially of the bowels and lower part of the back, with the hands or with a bath-glove. She may then stand up in the bath for a moment, and sponge the feet and legs, then step out on to a warm mat, and at once commence drying herself by means of a sheet or large towel, thrown over the shoulders, continuing the friction till the whole body is in a comfortable glow, when dressing should not be one instant delayed. After the bath, she should take active exercise, if possible out of doors, to promote reaction towards the skin.

To render the bath above described promotive of health to the highest degree, the following points should be attended to:

(1.) *The water should be cold.** If the reader is unaccustomed to a morning bath such as that just recommended, and especially if weakly, she may not at first be able to bear the water cold, and should

the head. In general, sitz-baths should not be taken without the special advice of a physician (*Dr. Baikie*). These remarks have reference to the Hydropathic sitz-bath; those in the text to a process of ablution for tonic purposes and cleanliness.

* DR. BAIKIE, of Edinburgh, remarks in a letter to the author, "I rarely use it colder than 68° to begin with, gradually reducing it to 64°. Great mischief is often done by using water too cold, especially when it has access to the internal cavities of the body, owing to the violence of the reaction it creates." This refers to the Hydropathic sitz-bath.

commence by using water at about seventy degrees, gradually reducing the temperature for three or four mornings, after which, in nearly every case, she will be able to use it cold. The use of cold water every morning on rising from bed, in the manner just pointed out, will wonderfully contribute to health of body and cheerfulness of spirits. During menstruation, only tepid water may be used, if cold injuriously affects the discharge.

(2.) *Addition of sea-salt to the bath.* Sea-salt is the residuum of evaporated sea-water; and if it be added in such quantity to a bath that the mineral ingredient is equal to that contained in salt water, it will be far more efficacious than a simple fresh-water bath, as it combines the advantages of temperature with the stimulating action of the water upon the skin, imparted by the saline matter which it holds in solution. Occasionally in health, but especially if the back and hips are weak, the addition of this salt to the bath will be of great service. Another advantage resulting from the addition of salt to the bath is, that it raises the specific gravity of the water and *prevents the chill* which fresh water sometimes causes, and so enables persons of feeble circulation—weak heart and pulse, and cold hands and feet—to use cold sponging who could not otherwise do so. Sea-salt can now be very generally obtained, and at a cheap rate, and thus persons residing at a distance from the coast may enjoy, to a certain extent, the advantage and luxury of a sea-bath. In the absence of sea-salt, a handful of bay-salt, or of common salt, may be added to the water.

(3.) Coarse linen sheets for drying and friction.

A suitable pair may be procured from any linen-draper for a few shillings, and forms a very necessary appendage to the bath-room. If the body is dried with a small towel, much vital heat necessarily passes off during the exposure, and the benefit of the bath is often lost from inattention to this point alone. A sheet thrown over the whole body prevents the radiation of heat from the surface and aids reaction.

(4.) The process should be quickly and actively performed. The bath should be taken quickly, and contact with the water boldly encountered, as it is the shock thus given which does so much good, by imparting tone and health to the body. The entire process, including the drying, should be performed by the patient herself, as the exercise renders the reaction more complete and lasting; but a weakly person should have an assistant to rub her back whilst she herself rubs the front portion of her body.

With the exercise of a little care, the bath thus described may be used in nearly every case. Its adoption would prevent many of the nervous, fancied, and real ailments of invalids, and remove the excessive sensibility to cold and disease that often dims the sunshine of life, and cripples the efforts of many who would gladly be employed in doing good. And if the author's labors in the production of this book lead to no other result than the regular and extended use of the morning bath, he will not have labored in vain.

V — WALKING, RIDING, ETC.

An impression prevails, especially among young husbands, that women should walk several miles daily. But this opinion needs qualification. This form of exercise should not be persisted in at the expense of health. Walking is harmful when it wearies and exhausts the person, when she has a dread of it, and especially if she suffers from those dragging down, pelvic pains to which so many women are subject. Like other varieties of exercise the kind and degree thereof should be suited to the strength of the person, for a walk that would benefit one might seriously injure another. And then, too, walking simply to improve one's health, without any other object in view, does little or no good.

Women should enjoy the free air habitually. If not able to walk, they should ride out daily. And they should not go to drive in close carriages, but in open vehicles, which not only ensure them the fresh air, but the sunlight also. For our bodies are so organized that they require the light, and women especially need its vivifying influence. L.

CHAPTER II.

MENSTRUATION.

I.—MATERNAL INSTRUCTION.

As puberty advances, no prudent mother will neglect to teach her daughter to expect the change which is the common lot of her sex, so that the first appearance of the menstrual flow may neither be arrested by the alarm naturally felt at something hitherto inexperienced or unknown, nor by the dangerous applications to which in her ignorance she may otherwise secretly resort. Some young persons view the development of this function with such disgust, that they expose themselves carelessly or purposely during the period to cold and wet, or use cold baths or other means of suppression, and thus finally bring on disordered menstruation and permanent ill health.

II.—THE FUNCTION OF MENSTRUATION.

The periodical recurrence of the menses, periods, or courses, as they are termed, is one of the most important functions of the female organization, constituting a real monthly crisis. It consists of an exudation of sanguineous fluid, chiefly from the body of the uterus, the average quantity being from four to six ounces at

each period, and is attended by a congested state of the uterus, ovaries, and contiguous organs. The course of the menses recurs, in the majority of instances, every twenty-eighth day, the very day on which it had appeared four weeks previously. The duration of a menstrual period varies in different persons, the most common being about four days.

There are women, however, who, although they are quite healthy, habitually menstruate as often as every three weeks, and others in whom the flow returns only once in five or six weeks. With these persons the length of the period is shortened or prolonged without injury. For them it is physiological, or natural, just as it is for some persons to have a movement of the bowels once or twice daily, while, in case of others, they are acted upon only once in two or three days, or perhaps in a week. It is hardly necessary to say that artificial means, designed to regulate the return of the menstrual flow in this class of cases would do more harm than good.

The menstrual fluid is eliminated from the uterine vessels, and is considered by some as a true secretion, and by others as a discharge of pure blood. The latter opinion is the correct one, for it is blood, and not a mere secretion, although prevented from coagulating by being blended with the acid mucus of the vagina. It has been demonstrated that the addition of a small quantity of acetic, phosphoric, or of almost any acid, to ordinary blood, will prevent its coagulation, and render it in its properties and appearance similar to menstrual blood. In cases, however, in which the discharge is so profuse, that a portion of its

coagulating constituent — *the fibrine* — escapes without intermixture with the acid mucus, clots are formed. Thus it appears that true menstrual blood, uncombined with the normally acid vaginal mucus, is like ordinary blood, and equally capable of coagulation; but that being immediately dissolved in this mucus, it is thus enabled to pass off in an uninterrupted course. And here may be observed one of those wise and beneficial contrivances of the Creator and Preserver of all, which so frequently excite the wonder and admiration of the Physiologist. If no such solvent power as that of the acid vaginal mucus existed, the coagulated part of the menstrual secretion would, in consequence of its consistency, be prevented from passing along the vaginal canal, and would thus become a mass of dead and putrid matter, entailing consequences which would be fearful in the extreme.

The uterine mucus is alkaline, while that secreted by the vaginal mucous membrane is acid. It is as necessary that the former should be alkaline as that the blood should be. If this mucus were acid, the albumen of which the spermatozoa are composed would be coagulated by contact and impregnation would be an impossibility. L.

PURPOSES OF MENSTRUATION.

Two ends seem to be especially secured by this function: 1st. The relief of the general system, by the discharge of the superabundant blood, which during pregnancy is appropriated to the formation and growth of the foetus. 2nd. It affords a vicarious

satisfaction of the sexual instinct, and thus shields female chastity.

FIRST MENSTRUATION.—In this country, the fourteenth to the sixteenth year is the most common time for the occurrence of the first menstruation, although the age is liable to some variation. In hot climates it commences at an earlier, and in cold at a more advanced age. The occurrence of menstruation in this country one or two or even three years earlier than the thirteenth year, or as much later than the sixteenth year, is not sufficiently uncommon to justify any medical interference should the health be otherwise good; although the former must be considered too early, and the latter too late. Menstruation commences earlier in cities and large towns than in the country, and two years earlier in hot than in temperate climates. It also occurs in the daughters of the rich—in those who have every comfort and luxury, everything which enervates and relaxes, and at the same time excites—at least nine months before it does in those of the industrious portions of the community placed in the most comfortable circumstances; and full fourteen months, on the average, before it appears in the poorest classes.

It is satisfactorily established, that, in every country and climate, the period of the first menstruation may be retarded, in very many cases much beyond the average age, often without producing ill health, or other inconvenience. Probably the most successful mode of managing females is to bring them as far towards the perfection of womanhood as possible before the appearance of the menses, at least until the

fourteenth or fifteenth year. In carrying out this suggestion, the following hints are of great importance:

HINTS FOR PREVENTING TOO EARLY MENSTRUATION.—Avoid the use of hot baths, especially with the addition of mustard; indulgence in the use of hot, spiced, and stimulating food and drinks; living in overheated or badly ventilated rooms; excessive dancing, novel-reading, too much sitting, and late hours; all these practices tend to occasion precocious, frequent, copious, or irregular menstruation.

To which we may add feather-beds, cushioned chairs, rocking chairs, skating, horseback riding, running the sewing machine, and too much theatre and opera going.

L.

Young ladies of idle habits often corrupt their imaginations by *novel-reading* and similar means, and thus excite a propensity which is not unfrequently honored with the modish name of sensibility; and who, under a stiff and severe outside, often indulge in the most wanton and dissolute ideas (*Hufeland*).

The education, including the general habits of our present social condition, too frequently gives such a pressure of training, that the successive stages of life are hurried through, and the tastes and peculiarities of one period are anticipated in that which should precede it. Thus, mere boys in age and physical development become young men, and girls, young ladies, before they leave school. Such is the precociousness which the habits and fashions of the present generation engender.

On the other hand, regular healthy occupation of both the body and the mind; the daily use of cold

baths, or cold sponging over the entire surface of the body; free exercise in the open air; cool, well ventilated rooms; plain, digestible diet, and abstinence from hot tea, coffee, and alcoholic stimulants, tend to the healthy and highest development of the female form and constitution.

SUDDEN MENSTRUATION.—It is not always, however, that this function advances gradually and in harmony with the changes described. Menstruation may occur for the first time prematurely, and be caused by a severe fall, violent jumping, great mental emotion, etc. In such cases there may be a considerable flow, amounting, in extreme instances, to absolute flooding, and lasting for several days. It is important that these facts should be known by mothers, so that in sudden and extreme instances they may not only maintain their own composure, and inspire it in others, but efficiently carry out the following important

TREATMENT.—A few doses of *Aconitum*, if resulting from mental emotions, or of *Arnica*, if occasioned by injury or severe exertion, with the following measures: *Rest in the recumbent posture*, light covering, a cool and well ventilated apartment, and cool drinks. These means will often be sufficient to arrest any serious consequences, or at least will suitably precede the more detailed treatment suggested in subsequent parts of this Manual, or the attendance of a Homœopathic practitioner.

In other cases, the occurrence of the menses may be long delayed, and the delay attended with excessive languor, drowsiness, periodic sickness, fretfulness,

irritability, or frequent change of temper, violent pain in the head or along the spine and in the region of the bowels, a feeling of weight or fulness in the pelvic region, with bearing down or dragging sensations and tenderness or heat; these may alternate with feverish reaction, with nervous symptoms, or even with spasms. The local symptoms, and their periodicity, are the most characteristic.

In some females the establishment of menstruation may be accompanied by derangements of the venous, digestive, or lymphatic systems; and unless successfully treated at this period, these disturbances may be present, in a greater or less degree, during every subsequent recurrence of the menstrual discharge.

If the cata menial function, as it is also termed, be well and healthily established, new impulses will be given to every nerve and organ, and the system acquire superior forces for resisting influences adverse to health. But, on the other hand, carelessness, or constitutional delicacy, may render this period extremely dangerous in the propagation of new forms of disease, or in the development of any latent germs of disorder which have existed from birth. Hence, the first appearance of the menses should be looked for with some care and anxiety on the part of the mother or guardian, and when it is long retarded, the general health disturbed, and the remedies suggested in this work appear inoperative in aiding the desired change, professional advice should be sought without delay. False delicacy and improper treatment have needlessly undermined the health of thousands.

The mother should keep an account of dates and

other particulars, and prevent all unusual exposure for a few days before the expected flow, such as to night-air, damp linen, thin dresses; wet feet, balls, and evening entertainments. When the function has once become healthily established, it is satisfactory to remark, that extreme precaution need no longer be observed.

III.—DELAYED MENSTRUATION (*Amenorrhœa*).

DEFINITION.—The term *Amenorrhœa* is used to describe absence of the menstrual discharge. It is divided into (1) *Emansio mensium*, a delay of the menses, although the patient has attained the proper age. (2) *Suppressio mensium*, in which they have appeared, but as the consequence of cold or some other cause, are arrested. (For this variety, see a following page). (3) *Retentio mensium*, in which they accumulate in the uterus and vagina, from what is termed, in medical language, *imperforate hymen*; or more frequently, from occlusion of the vagina by the healing of ulcers, the consequence of sloughing after difficult labors. This condition requires surgical measures for its relief.

This section we devote to *Delayed* menstruation. As before stated, the period at which the “change” first takes place varies in different constitutions, climates, and under different circumstances, and no active medicinal means should be used so long as the health continues good. *Emmenagogues, or forcing medicines, such as herb-tea, etc., must be entirely and imperatively eschewed.*

SYMPTOMS.—When all the external signs of womanhood have appeared, and menstruation does not occur, but there are aching, fulness and heaviness of the head, bleeding at the nose, palpitation of the heart, shortness of the breath on slight exertion, weariness of the limbs, pains in the small of the back, in the lower part of the bowels and down the inside of the thighs—these may be regarded as so many indications that nature is seeking to establish this important function, and justify the administration of one or more of the following medicines according to the indications.

CAUSES.—Delay of the menses, giving rise to the symptoms just noted, rarely occurs in healthy and vigorous persons, but usually follows as a consequence of original delicacy of constitution, or of some long-standing chronic affection. The popular notion that a patient suffers because she does not menstruate is very fallacious; for, except in *retentio mensium*, the patient does not suffer from an accumulation, the delay is due to a defective condition of the general health. Hence the impropriety of giving forcing medicines, which is frequently done, often to the permanent injury of the, as yet, imperfectly developed organs. We have known several instances of extreme periodic suffering, continued for many years, traceable to this cause. In many cases, too, it will be found that the disturbances supposed to be due to delayed menstruation, really arise from the patient's having taken too little or innutritious food, or her habits have been too sedentary or artificial, or that she has enjoyed too little pure air; or, in brief, that at a critical period

of her physical development, she has been subjected to influences inimical to her general good health.

Tardy menstruation is especially significant in those girls who are predisposed to any form of consumption. In this class of persons it implies a depraved habit of body in which the menses may not appear at all, or in which a vicarious flow of blood is very apt to take place from one or another of the mucous surfaces, more especially from those which line the respiratory passages. If the young girl who has not menstruated, although she may be fourteen or fifteen years of age, has a cough or difficulty of breathing, a sore throat, hoarseness, or pain in her side, it should be taken as a sign of ill health, and measures immediately instituted for the relief of these symptoms. The quaint old rule should, however, not be lost sight of—“She is not sick because she does not menstruate, but she does not menstruate because she is sick.”

L.

TREATMENT.—In the treatment of this affection, it is important that the cause should, if possible, be definitely ascertained. If no congenital deformity or mechanical obstruction exist, the delay being evidently due to constitutional causes, one of the following remedies may be chosen: *Ferrum, Phos., Iod., Calc., Carb., or Sulph.* For more definite symptoms: *Puls., Nux Vom., Bell., Bry., or Sepia.*

Ferrum.—This is a prominent remedy when absence of menstruation is associated with *debility, languor, palpitation, indigestion, sometimes leucorrhœa, sickly complexion, puffiness of the face and ankles, and other symptoms of chlorosis* (which see).

Phosphorus.—Persons of delicate constitutions, sensitive lungs; in whom expectoration of blood in small quantities takes the place of the menstrual discharge, with cough, and pains in the chest.

Iodine.—Scrofulous patients, with enlarged glands, and a lymphatic constitution.

Calcarea Carb..—Constitutions similar to *Iodine*, but with chronic indigestion, heartburn, hysteria, etc.

Calcarea Phos.—Is an excellent remedy when the patient has a confirmed cough, with hectic, hoarseness, emaciation and debility. L.

Sulphur.—Scrofulous patients, troubled with leucorrhœa and itching of the genital organs.

Pulsatilla.—Delayed, suppressed, or irregular menstruation; pains in the abdomen and loins; hysterical symptoms; nausea and vomiting; palpitation of the heart; loss of appetite; deranged digestion; with pale face, lassitude, chilliness, and headache. If the patient has light complexion, fair hair, and a timid, easily vexed, yet uncomplaining disposition, this medicine is the more strongly indicated.

Nux Vomica.—This remedy may have the preference to the last when the patient is of a vehement disposition, dark complexion, and there is much disturbance of the digestive organs, with costiveness, etc.

Sepia.—Delayed appearance of the period in persons at the proper age (from venous congestion), with distension or pain in the abdomen, giddiness, nervous headache, easily flushed face, fine sensitive skin, retiring, melancholy disposition.

Bryonia.—Bleeding from the nose in place of the menstrual discharge (*vicarious menstruation*); dry shaking cough; heaviness or pressure in the head; constipation.

Belladonna.—Fulness and heaviness of the head, redness of the face, confusion of sight with dread of

light, a full pulse, giddiness on stooping, with or without bearing down. If there is much feverishness present, a few doses of *Aconitum* may precede, or be alternated with, *Belladonna*.

Administration.—The selected remedies may be administered from four to six days, in the morning on rising, one or two hours before the mid-day meal, and on retiring to bed. In mild cases night and morning. After waiting a few days, the course may be repeated, if necessary.

ACCESSORY TREATMENT.—The feet should be kept warm and dry, and *comfort* rather than fashion should determine the arrangements of the clothing of the whole body. Delayed menstruation is often the consequence of exposure to cold, or defective circulation in the surface, which warm clothing would obviate. The necessity for wearing *drawers*, to protect the abdomen from cold, must, therefore, be obvious. Too studious and sedentary habits should be corrected; exercise taken out-of-doors, particularly in the morning, including walking, running, and the games of skipping-rope, battledore and shuttlecock, trundling the hoop, etc., as they are powerful auxiliaries in obtaining health of body and vigor of mind. Such exercises are likely to be yet more efficacious if practised in the country, on a dry, sandy soil, and in pure and bracing air. If pleasant company can be added to the charms afforded by diversity of scene, the advantages will be still greater. All these means should be aided by a carefully selected nourishing diet, taken at regular hours, thrice daily, and consisting of easily digestible food in due proportions from the ani-

mal and vegetable kingdoms. All made-dishes, high seasoning, spices, etc., should be especially avoided; also, except in great moderation, the use of tea and coffee, and other stimulating drinks.

AMENORRHOEA AND GENERAL ILL HEALTH.—It is most important, as may be inferred from the treatment just prescribed, to recognize the connection, as cause and effect, subsisting between the general deranged health and the absence of menstruation, as pointed out under "Causes." The function of menstruation, like the other functions of the body, is best performed when the system is in health. Now, health is not promoted by redundancy or excessive action, any more than by debility or enfeebled action; consequently, the exhibition of stimulants will not hasten the menstrual function, even in cases of debility, unless attention be paid to the restoration of the general health of the patient. "Let, then, the morbid peculiarities of the constitution and habits of life of the patient be taken into consideration; let the first be counteracted, and the second be improved; let the sanguine have her excess of fulness diminished, let the debilitated have her powers augmented: in short, let the general health be amended, and the functions of health will be restored." (*Sir C. M. Clarke.*)

It is the experience of all observant practitioners, that those remedies act most efficiently as emmenagogues (*medicines to promote the menses*), which produce a most decidedly beneficial effect on the defective condition of the general health. In treating such cases successfully, the production or the reëstablishment of the menstrual secretion is the *final* result to

be attained. Improvement in other respects must be effected first; the rest will follow as a matter of course, in the vast majority of cases. (*Hewitt.*)

The views enunciated by the above and other eminent authorities are well carried out in Homœopathic treatment. Why have we prescribed such remedies as *Pulsatilla*, *Ferrum*, *Phosphorus*, *Nux vomica*, etc.? Not, certainly, as mere *emménagogues*, but rather as efficient and well-tried agents for aiding to remove that defect in the health, or general functional inactivity of the body, which is the real cause of the evil. The experience of all Homœopathic physicians proves, that the first effect of our treatment in cases of delayed menstruation is the improvement of the general health and spirits of the patient, the amenorrhœa at length disappearing as evidence that the cure is complete.

MARRIAGE AND AMENORRHœA.—This is a fitting place to offer a suggestion concerning cases in which the menses have been delayed years beyond the usual period, and for which marriage has been recommended as a cure. Under certain conditions, such a step is sometimes successful, illustrations having occurred within the author's observations. Before, however, such a recommendation is adopted, a professional opinion, carefully formed, should be taken; for, should the general health be at fault, as is generally the case, or the sexual organs be imperfectly developed, disappointment will inevitably follow such a course.

IV.—CHLOROSIS—GREEN-SICKNESS.

DEFINITION.—This is a condition of general debility affecting young women at about the age of puberty. There is anaemia or deficiency of the coloring matter of the red corpuscles (*hæmatine*) of the blood, which gives the skin a pale, yellowish, often greenish, hue. The temperature of the body is diminished, and morbidly sensitive to cold. There is generally delayed, suppressed, or imperfectly performed menstrual function. Respiration, circulation, and digestion are also disturbed; and the whole organism, physical and mental, is feeble and enervated.

SYMPTOMS.—The approach of chlorosis is marked by a state of habitual inertia and melancholy; the patient becomes sombre and taciturn, weeps without cause, and sighs involuntarily; the face becomes puffy, and the expression, as it were, veiled; the eyes are sad and languishing; the eyelids, which may be swollen, are encircled by dark rings, contrasting strongly with the pearly color of the whites of the eyes, and the pallor of the lips; the breathing is short; the appetite lost, or so perverted that substances such as chalk, cinders, etc., are desired. Palpitations and creeping chilly turns occur, and the extremities are cold and often oedematous. Physical or mental exertion is attended by a sense of sinking and fainting, palpitation and hurried breathing; the catamenial discharge, if it ever existed, is superseded by a profuse leucorrhœa; there is a slight hacking cough in the morning and after exercise; pulsating headache in the temples; desire for sleep, or rather for repose;

mental indisposition; and, indeed, prostration of all the energies.

The *anæmic bruit*, a sign appreciable by auscultation, may be heard over the heart, and even over the large veins of the neck; in these situations it may be heard as an almost continuous humming or cooing sound, termed in medical language a *bruit de diable*, and attributed to the tenuity of the blood. It can also be *felt*, and resembles under the finger the vibrations of a musical chord.

CAUSES.—Confinement in badly ventilated or imperfectly lighted rooms—underground kitchens and back rooms, shut in by high walls excluding the direct rays of the sun, and a free circulation of air—and deprivation of open-air exercise and recreation. Some time since, the writer was requested to visit a chlorotic patient in London, in whom the symptoms were very marked. She lived in a large house thickly hemmed in by lofty buildings, and for convenience or from choice, passed most of the day in a low dark room. We saw flowers in the upper rooms, and remarked, "You have no flowers in this room." Our patient quickly answered, "Oh, no! they won't grow here; they want more light." But she had failed to perceive that her devitalized frame and languishing nerve-power were the result of those bad hygienic conditions to which she would not even subject her plants! It need scarcely be added, the treatment hereafter pointed out was rapidly and permanently curative.

Other causes are—too studious and sedentary habits; long-continued grief, anxiety, or fatigue; mas-

turbation; innutritious food — bread-and-butter and tea forming the staple diet, when the appetite for animal food almost completely ceases. These and similar causes may develop a condition of the reproductive functions that must lead, sooner or later, to a watery alteration of the blood, and to the whole train of symptoms which are incident to such an impoverished condition of this vital fluid.

CHLOROSIS AND CONSUMPTION.—Chlorosis is frequently mistaken for consumption, although an examination of a case at once enables a professional man to decide on its real nature. The presence of the anaemic murmurs, previously described, the normal characters of the respiratory movements and sounds, the absence of hectic, and of wasting to any great extent, are sufficiently marked to distinguish chlorosis from phthisis. Chlorosis essentially consists in the absence of the coloring matter of the blood corpuscles; whereas in consumption there is a contamination of the blood superadded. In the former disease the temperature is below, but in the latter it is above, the normal standard. There is also this essential difference in the treatment — that in the former we have but to supply the missing elements of the blood, and even the most unpromising cases are readily and perfectly amenable to our remedies; but in the latter we have to exterminate a poison, and we need not remark, that too many cases resist every known means of cure.

TREATMENT.—*Ferrum.*—The chief and special indications for this remedy are, — fits of oppression, palpitation, and anxiety; poor appetite; puffiness of the face and lips; coldness of the feet and swelling of

the ankles; and absent, scanty, pale, or watery menstrual discharge.

Calcarea carb.—Inveterate cases, with loss of appetite, pallor of the countenance, etc. It probably does good by correcting defective assimilation, that is, when the conversion of digested food into healthy blood and tissue is imperfectly carried on.

Phosphoric Acid.—When the affection is traceable to *masturbation*.

Pulsatilla or *Nux vomica*.—Chlorosis with marked symptoms of *indigestion*.

Ignatia.—This may be sometimes required for excessive *nervousness* and *mental depression*.

Arsenicum.—Shortness of breath, languor, etc.

Plumbum.—Chlorosis with *obstinate constipation*.

Administration.—A dose of the selected remedy twice or thrice daily.

ACCESSORY MEANS.—Plenty of fresh air; abundance of sun-light; exercise, out of doors, to favor blood changes; recreations, short of fatigue, and pleasantly-varied amusements; cold bathing, especially in the sea or with salt water; digestible and nourishing diet, and one or more of the remedies just prescribed, are generally sufficient to effect the improvement and cure. Cold bathing and out-of-door exercises are extremely necessary, in consequence of the excessive sensitiveness of chlorotic patients to cold, which is thus diminished. Persons unaccustomed to bathe should commence with tepid water, and the temperature be gradually lowered as the strength admits, until a cold bath can be advantageously borne.

"Mothers should not hesitate," says Dr. Hempel, "to find out whether the disease may not be induced by secret habits; great delicacy and caution are required in endeavoring to obtain certainty concerning this all-important subject." It is desirable also, as may be inferred from the remarks just quoted, that such patients should be unobtrusively watched and allowed as little as possible to remain alone.

Chlorotic patients are notoriously fond of ease, and desire to remain in a state of muscular inactivity; but this desire must no more be yielded to than that of travelers to the soporific effects of intense cold; for the habitually cold skin of chlorotic patients causes a half-poisoned state of the blood, by the retention of what should be excreted, and the imperfect oxygenation it undergoes. They should therefore be urged and enforced to exert themselves, so that the blood may circulate more rapidly, and thus absorb that due quantity of oxygen which is necessary to impart to it those vital properties which excite all the organs to perform their proper functions. (*Tilt.*)

Horse-back riding, rowing, croquet, the movement cure, and the health-lift, are available forms of exercise in this disease. Riding in an open carriage and walking in moderation may be useful.

It is well to insist that the patient shall eat of a mixed diet, consisting of animal and vegetable substances in proper proportions. A distaste for meat may be overcome and a desire created for it by feeding the patient first upon salt food or fish, as, for example, mackerel, codfish or herring, and afterwards upon the more choice kinds of animal food. In some cases oysters are acceptable and beneficial, in others the whites of eggs or milk.

L.

V.—SCANTY MENSTRUATION.

Scantiness of the menses is only a modification of “Amenorrhœa.”

TREATMENT.—If the patient enjoy good health, notwithstanding the scanty flow, no medicinal interference is necessary. If, on the other hand, unhealthy symptoms are present during the monthly period, or if a general derangement of the system should evidently co-exist with the scanty discharge, medicinal and general means must be adopted to correct the morbid condition. See the paragraph on “Gradual premature suppression,” in the section “Suppression of the Menses.”

The remedies most likely to be beneficial are the following: *Pulsatilla*, *Ferrum*, *Nux vomica*, *Sepia*, *Bryonia*, *Conium*, and *Sulphur*. For the symptoms indicating the appropriate remedy, and the general measures to be adopted, consult the two previous sections.

VI.—PAINFUL MENSTRUATION—MENSTRUAL COLIC.

(*Dysmenorrhœa*.)

DEFINITION.—The term dysmenorrhœa is used to designate the condition in which menstruation is performed with *difficulty* and *pain*. *The pain*, the essential element, is of various degrees of intensity, and, like all uterine and ovarian pain, is chiefly felt in the bottom of the back (*sacrum*) and within the lower part of the abdomen. The menstrual discharge is

generally scanty and imperfect; it may, however, be profuse, or in some cases the function may otherwise be healthily performed.

VARIETIES.—Three forms of dysmenorrhœa may be indicated. (1.) *The inflammatory and congestive form* occurs in plethoric patients of strong passions, fond of the pleasures of the table and gaiety, and is accompanied by the discharge of flocks of fibrine and false membranes from the interior of the uterus. This has been called *membranous dysmenorrhœa*, hypertrophied portions of the mucous lining of the uterus being discharged.

This is the most intractable and troublesome form of the disease. In a large majority of cases it follows abortion. Most women who have it have had an abortion, either accidental or induced, in the early months or years of their married life. When this miscarriage took place the lining membrane of the womb was peeled off or exfoliated, and subsequently, with each return of the menses, a similar loss of this structure is sustained. The altered membrane may come away as a complete cast of the uterine cavity, but is usually thrown off in strings or shreds. Besides being a very painful form of the complaint, the woman sometimes suffering as much as in real labor to get rid of these shreds or casts, it almost always results in barrenness. In many cases abortion depends upon this disposition of the lining membrane of the womb to detach itself at stated periods. L.

(2.) *Neuralgic dysmenorrhœa*, which occurs in the feeble and anaemic, as after nursing, flooding, prolonged diarrhœa, etc.

(3.) *Obstructive or congenital dysmenorrhœa*, in which the pain is caused by the insufficient calibre of

the canal or passage which should convey the blood from the womb, producing partial and temporary *retention of the menses*. The phenomenon may be thus explained to the non-medical reader: Naturally the cavity of the unimpregnated healthy womb will only contain a very small quantity of fluid, and as soon as the menstrual blood accumulates, unless it finds free exit, it will distend the uterus, and thus give rise to pain, greater or less, according to the sensibility of the patient and the amount of resistance. This variety also includes *mechanical dysmenorrhœa from tumors*, polypi, cancer, fibroid or other tumors of the womb, so situated as to compress or distort the canal and so impede the exit of the menstrual fluid.

SYMPTOMS.—Severe bearing-down pains in the uterine region, resembling the pains of labor, and occurring in paroxysms; aching in the small of the back, loins, pelvis and sometimes extending to the limbs; headache, flushed cheeks, hurried breathing, palpitation; cutting and pressing pains in the abdomen. The pain sometimes precedes the flow several hours, or even days, and continues for a longer or shorter period, and may cease or continue when the discharge is established. At other times the pain continues till a membranous substance (referred to under the inflammatory form) is expelled, when a healthy discharge may take place, or it may entirely cease. In some cases the breasts, the counterparts of the female generative organs, become extremely sensitive and painful. Patients subject to dysmenorrhœa are generally troubled with confined bowels, and frequent

headaches, from congestion in the interval between the monthly period.

Sometimes, with the coming on of the flow, the chief complaint is of the breasts, which become swollen, tender, and, perhaps, extremely painful. In rare instances this sympathetic affection progresses to actual inflammation and suppuration. Abscesses have thus been due to painful menstruation, especially to that form of it which is known as *ovarian* dysmenorrhœa. In other cases the nipples bleed freely in a vicarious way, and partly or wholly substitute the uterine flow.

Other cases are invariably accompanied by a species of spurious rheumatism, in which the suffering is located most frequently in the region of the heart, attacks of which recur with great regularity each month.

Again, the kind and degree of illness incident to menstruation in dysmenorrhœa induces a species of nervous perturbation which is quite peculiar. The patient, usually amiable, becomes petulant, is disgusted with and distrustful of humanity in general, and of the male sex in particular. Sometimes she is in a mellow or pathetic mood, or she has a fitful religious melancholy, or, what is still worse, is possessed with an insane idea to work, to set her room to rights, and the plants, the birds, the books, the pictures, stoves, chairs and furniture must be squared up and cleared up *instanter*. She must do an immense amount of work in a short time. After which she is exhausted, fitful, capricious, cross, tempestuous, drums on the piano by the hour, or writes explosive letters to her husband, or friends, and regulates everything with the utmost irregularity. And all because of the reflex effect of the delay and non-escape of the menses as soon as they are secreted or poured into the cavity of the womb.

L.

CAUSES.—As explained above, dysmenorrhœa may be due to local causes, as a tumor; or to a general

cause, as debility. It is not a disease *per se*, but only a prominent symptom of a local or general condition. Persons of a neuralgic, hysterical, or rheumatic tendency, generally suffer much pain at the menstrual period.

TREATMENT.—When the painful symptoms do not yield readily to one or more of the following remedies, a cause may be suspected to be in operation which is not amenable to domestic medicine, and the case should be confided to a physician. Obstructive dysmenorrhœa from a too narrow canal, rarely requires surgical operation, the professional medicinal treatment being nearly always sufficient.

Actaea rac.—This remedy has a specific action on the womb, and gives great relief in dysmenorrhœa, more especially in nervous and rheumatic patients.

Chamomilla.—Pains resembling those of labor; pressure from the small of the back forwards and downwards; colic, with sensitiveness to the touch; dark-colored and coagulated discharge.

Belladonna.—Most suitable to ladies of a plethoric habit, and of great mental activity, with determination to the brain, pulsative headache, redness of the face, confusion of sight, frightful dreams, violent pain in the back, etc. It may sometimes be employed with great benefit after, or alternately with, *Aconitum*.

Aconitum.—Menstrual colic with spasmodic pains, heat in the head, cold feet, from circulatory disturbances.

Gelsemium.—Simple, spasmodic dysmenorrhœa.

Coccus.—Menstrual colic, with flatulence and a

constrictive sensation in the lower part of the abdomen, nausea, and dizziness.

Nux vomica.—Dysmenorrhœa, with obstinate constipation and accumulations of fæces in the rectum, causing pressure on the neck of the womb and so rendering the escape of the menstrual fluid difficult and painful; frequent desire to urinate; paroxysms of pressing and drawing pain. Flatulence, and haemorrhoidal congestions often attend this variety of the disease.

Pulsatilla.—Scanty menses, attended with cutting pains in the uterine region and back, which move from one point to another; loss of appetite, chilliness, vertigo, etc. This remedy is specially suited for females of light complexion, mild disposition, etc.

Secale.—Labor-like pains at the time of the appearance of the menses, which are discharged with great agony, cutting pains in the bladder or rectum; pale face, cold sweat, and indistinct or flagging pulse.

Veratrum.—Menstrual colic, with nervous headache, nausea and vomiting; excessive weakness; coldness of the extremities; diarrhœa, etc.

Administration.—A dose every one, two, or three hours, in acute cases; in chronic, or as improvement takes place, every four or six hours.

ACCESSORY MEASURES.—Attention must be directed to those general rules for the recovery of health which are prominently dwelt upon in this book, and form the basis of the correct treatment of disease of every nature. Daily active exercise in the open air; the use of the morning cold bath (in the intervals of menstruation), or tepid (during the period),

followed by vigorous friction; regular and early hours; plain, wholesome diet; abstinence from wine, coffee, and green tea; and the avoidance of influences that disturb the mind and temper, are important accessories in the successful treatment of dysmenorrhœa. In the *congestive* form of dysmenorrhœa, the *vaginal douche*, recommended in the section on "Leucorrhœa," may be used once or twice a day in the *inter-menstrual* periods with great advantage. *Sexual connexion*, which tends to increase the congestion of the uterine organs, and the thickness of the membrane to be expelled, should only take place infrequently. As palliatives during the period, great relief will be experienced by hot bottles or flannels wrung out of hot water, applied to the lower parts of the abdomen; or a *warm hip-bath* in which the patient may remain for twenty or thirty minutes, generally gives effectual relief. *Rest*, both just before and during the period, is an important adjunct in the treatment.

An available and useful application is a bag of hot salt, or of dry wheat-bran, heated thoroughly and laid over the lower abdomen. The suffering will sometimes be greatly relieved by placing one or more pillows beneath the hips, at the same time lowering the head.

L.

VII.—MENSTRUATION TOO PROFUSE.

(*Menorrhagia.*)

DEFINITIONS.—Menorrhagia is *bursting forth*, or immoderate flow, of the menses, either in excessive quantity, or of too frequent recurrence, and is most

common at about the time of the final cessation of the menses, and in women of lax fibre, especially if they have had many children, or abortions.

It is difficult to determine the exact quantity of discharge that should occur at each monthly period, which varies according to constitution, temperament, habits, and climate. Robust, plethoric females, who eat and drink abundantly, can bear a comparatively large discharge without inconvenience; whilst others of delicate and relaxed constitution would quickly experience serious consequences from a profuse flow. The monthly loss, however, should never be such as to occasion debility and general ill-health. There is a deep-rooted and most dangerous prejudice current, which leads women to believe that, however great the discharge, if it occur regularly, it is in perfect accordance with the economy of nature. If a medical man directs a parent's attention to the debility and ill-health following an habitually too copious flow, he frequently receives the answer, "She is always so." (*Tilt.*) The fact of a girl *being always so* is the very reason for adopting such measures as should prevent her *ever* being so.

CAUSES.—These may be local or general. *Local* causes of menorrhagia are numerous, of which the following are a few: chronic inflammation, or hypertrophy of the uterus or its cervix; a granular condition of the mucous membrane; polypi; tumors; malignant or other disease of the womb, etc. Too frequent sexual indulgence is another cause; this tends to profuse menstruation by producing irritation and over-excitation of the womb and its appendages.

General causes are: acute and chronic disease; severe inflammatory affections; tubercular deposits, and Bright's disease of the kidneys. The last is an important cause; and in persistent cases of menorrhagia, especially with œdematosus ankles and eyelids, the urine should be examined for albumen. Other general causes are: residence in a tropical or malarious climate, general debility after suckling, prolonged mental trouble, too confined or unhealthy occupation, luxurious living, chronic derangement of the digestive or circulatory organs; these, and kindred conditions, may cause profuse menstruation by giving rise to a congested state of the womb and adjacent organs, and by causing a morbid condition of the blood. Regular excessive monthly discharge, profuseness being the only fault complained of, points to some grave constitutional cachexia as the cause. All such cases should be under the best professional care, so that, if possible, the systemic fault may be corrected.

It is by no means unusual for a case of dysmenorrhœa to merge into one of profuse menstruation. When the period arrives, the flow is retained for some hours with great suffering. Finally, the spasm, or obstruction, is removed and the discharge becomes excessive, or hemorrhagic. L.

TREATMENT.—One or more of the remedies prescribed below may be administered, and the accessory and preventive measures strictly adopted. The principal medicines are the following: *Acon.*, *Croc.*, *Secale*, *Sabina*, *Ipec.*, *Puls.*, *Bell.*, *Calc.*, *Sep.*, *China*, and *Sulph.*

Aconitum.—A few doses of this remedy may precede, or be alternated with, any one of the following,

when there is much *heat* and *feverishness*, and the discharge has only just commenced, or is about to begin. It may be administered every one to four hours.

Crocus.—*Dark-colored, clotted*, too frequent, and abundant discharge, increased by the least movement. In severe cases, one drop every fifteen to thirty minutes.

Sabina.—Menorrhagia, the discharge being *bright-red*, with *uterine irritation* and excitement, especially when the irritation extends to the urinary and intestinal mucous membrane.

Secale.—*Fætid* dark discharge, with frequent *labor-like pains*, loss of contractive power in the uterus, feeble constitution, weakness and coldness of the extremities.

Ipecacuanha.—Flooding—*bright-red*—the period recurs every two or three weeks, and is attended with pressure in the region of the womb, nausea, etc.

Belladonna.—Excessive menstruation with severe *bearing-down* in the uterine region, nervousness, light-headedness, etc.

Pulsatilla.—Profuse discharge with shifting pains in the back and abdomen, especially at the change of life (*climacteric menorrhagia*), during pregnancy, or after parturition.

Calcarea carb..—*Too frequent and profuse menstruation*, especially in scrofulous patients. It should be administered between the periods to correct the constitutional condition.

China.—Excessive *weakness*, from the great loss sustained, with a tendency to perspiration, swelling of the lower extremities, buzzing in the ears, and faint-

ness. *China* is especially useful after the profuse discharge has ceased, in the *inter-menstrual* periods, as part of the constitutional treatment.

Administration.—When the discharge is so profuse as to be dangerous, the dose should be repeated every fifteen or twenty minutes for several times, or until the flooding ceases. In less urgent cases, the remedy may be repeated every two, three or four hours, so long as it appears necessary.

ACCESSORY TREATMENT.—Quietude, the patient sparing herself, and chiefly maintaining the recumbent posture, a few days before, and especially during, the discharge; household duties, particularly lifting, should be avoided for some time, at least during the severity of the symptoms; also warm beverages, even of black tea; cold water is the most suitable drink; injections of cold, or even iced-water up the bowels may be used with much benefit, especially if the patient is costive and troubled with piles; cool vaginal injections, with a female-syringe, tend to relieve a congested state of the womb; sexual intercourse should be restricted; and excessive eating, or stimulating food and beverages avoided. In more severe cases, cold wet cloths suddenly applied over the abdomen so as to produce a shock, light covering, and the *horizontal posture*, are absolutely necessary; the hips should be as high or higher than the shoulders, so as to relieve the uterus of the column of blood, and the patient be kept cool, quiet, and free from excitement. See also “Accessory Means” under “Flooding after Labor,” as the condition of the womb in menorrhagia and *post-partum* haemorrhage is the same.

PREVENTIVE MEASURES.—If an impoverished state of the blood is the cause of profuse menstruation, the defect must be remedied by good diet, pure air, out-door exercise, etc. Residence in a tropical climate, or in a malarious or unhealthy locality must be changed. Severe and persistent cases are most benefited by a temporary residence on the coast. Seabathing, the daily use of the hip-bath, described in another part of this Manual (see page 15), and the sponge-bath, taken under favorable conditions, followed by good friction for several minutes by means of a coarse sheet or large towel, are of the greatest service in correcting the defective activity of the cutaneous surface which so often co-exists with menorrhagia. Very weakly patients should have assistance in their ablutions.

VIII.—MENSTRUATION TOO PROLONGED.

When the menstrual flow continues beyond the proper time, it is usually dependent on conditions resembling those which give rise to excessive discharge (see “Profuse Menstruation”); or it is one of the attendants on the climacteric period. (See “Cessation of the Menses.”)

Or it may be a sequel of uterine congestion: or of abortion; in either instance developing into a passive haemorrhage. This is particularly liable to happen in those whose systems have been reduced by previous disease or who are predisposed to haemorrhages of various kinds. L.

TREATMENT.—The remedies in domestic practice

most frequently required are: *Aconitum*, *Nux vomica*, *Pulsatilla*, *China*, and *Sulphur*.

As a general remedy for this condition we know of nothing to compare with *Nitric acid* in the second attenuation. L.

To rectify the abnormal condition on which the prolonged menstruation depends, the appropriate remedies should be administered during the intervals between the monthly periods.

IX.—SUPPRESSION OF THE MENSES (*Amenorrhœa*.)

When the menstrual flow has fairly been established as part of the economy, it is yet liable to be suppressed. See “Delayed Menstruation,” page 26.

CAUSES.—Suppression may arise from a natural cause, such as pregnancy (see “Signs of Pregnancy,” Chap. IV.); frequently, however, it is the consequence of weakness from sedentary, in-door occupations, combined with want of fresh air and sufficient rest; excessive loss of blood; chronic and acute diseases; sexual excesses; and mechanical obstructions: or it may occur suddenly during the flow, from exposure to cold and damp, such as getting the feet wet, sitting on the ground, eating ices, violent emotions—anger, terror, fright, etc.—or from any other cause which abruptly shocks the system. Suppression, for two or three periods, without pregnancy, sometimes occurs after marriage, simply as the consequence of excessive excitement. Wearing *thin-soled shoes* is a fruitful source of the decay of female beauty, and the decline of female health; injury from tight lacing, although

considerable, being nothing in comparison with that resulting from the fatal habit of wearing thin-soled shoes in all kinds of weather. (*Pulte.*) Dr. G. Hewitt states that he has often known the menstrual discharge to be suspended for one or two periods, in women who have gone to reside in a house with stone, uncarpeted staircases, their previous residence having had a wooden staircase. Many girls are apt to have "a check" from the slightest chill or exposure during the monthly period. Happily, the effects of at least some of these causes may be diminished by the frequency of their occurrence, so that those accustomed to bathe may go into the sea during menstruation with perfect impunity, whilst habitual exposure to the casualties of life necessarily diminishes their injurious impressions.

A sea voyage is very apt to occasion suppression of the menses. A very large proportion of the emigrant girls and women who arrive in New York, after having been on ship-board for some weeks, suffer from amenorrhœa. Indeed, a sea voyage is sometimes an excellent remedy for excessive menstruation (*menorrhagia.*) L.

Sudden suppression occasions the most acute suffering, but *chronic* is far more serious, as it points to a deeper constitutional cause. We have generally observed, among the early symptoms of consumption occurring in girls and women, that there has been at first a scanty secretion of the menses; and that as the constitutional disease has advanced, the suppression has become complete.

TREATMENT.—*Aconitum.*—Suppression from exposure to cold, with weariness and heaviness; rush of

blood to the head, redness of the cheeks, headache, and giddiness, aggravated by movement, and attended with coldness of the feet. There may be also a sensation of soreness of the bowels, and general feverish condition. (See also "Sudden Suppression," page 52.)

Pulsatilla.—If any other medicine is necessary, *Puls.* may follow *Acon.*, especially in females of a mild, timid, and amiable disposition, easily excited to tears or to laughter; with languor, pain in the small of the back and lower part of the abdomen, palpitation, nausea or vomiting, sensation of fullness in the head and eyes, frequent urination, and leucorrhœa.

Sepia.—Suited to patients of a delicate constitution and sallow skin, with pains in the loins, bearing-down in the lower part of the abdomen, costiveness, melancholy mood, and morning headache. The sufferings are often mitigated by exercise and aggravated by rest.

Opium.—Recent suppression, attended with great heaviness of the head, dizziness, lethargy and drowsiness, especially if there be also obstinate constipation and retention of urine.

Bryonia.—Vertigo, bleeding from the nose, stitches in the sides and chest, dry cough, confined bowels, severe pressing pain in the stomach, irritability of temper.

Conium.—*Chronic suppression.*

Administration.—A dose of the selected remedy three or four times a day, at the commencement of the treatment; afterwards, as improvement ensues, morning and night. The remedy may be continued for

ten or fourteen days, if doing good. For Dose, see page 12.

SUDDEN SUPPRESSION.—If the menses are suddenly suppressed during the period, the patient should be immediately placed in a *hot hip-bath*, and afterwards retire to a warmed bed. The free action of the skin should be further encouraged by giving a few doses of *Aconitum* at short intervals, and drinking freely of cold water. The success of this treatment, however, depends upon the promptness with which it is adopted.

GRADUAL PREMATURE SUPPRESSION.—This is generally associated with some deep constitutional disease, such as consumption, and should be placed under the care of a physician without delay.

ACCESSORY MEANS.—The cause of the suppression, and the co-existing impairment of the general health, should be carefully inquired into, and, if possible, removed. All physical or mental depression, undue excitement, night-air, late hours, highly-seasoned and stimulating food and drink, should be avoided. The meals should be taken with regularity, and under pleasant and cheerful influences, the stomach never overloaded, the food simple, nourishing, not in too great variety, and only such as has been uniformly found easy of digestion. The drink should be milk and water, cocoa, black tea in moderation, and pure water. Green tea, coffee, and other stimulating drinks should be omitted, unless prescribed by a competent authority. A change of air to the sea-side or to the country is mostly advantageous; when this is not practicable, out-of-door exercise, useful employment, and

agreeable company or books will aid recovery. In short, every means should be adopted that is calculated to give constitutional vigor. In expecting a return of the menstrual discharge, the exercise of patience is sometimes necessary, as the general health is often greatly improved before this crowning evidence of cure is obtained.

CAUTION.—Here let it be observed, once for all, that the attempt to remedy *any* defect in menstruation by spirits, decoctions of herbs, by the pills which are procured with such fatal facility at drug stores, or by any so-called emmenagogues, deserves the strongest reprehension. The practice is fraught with life-long danger to the system, and is therefore to be emphatically condemned. Unless it be abandoned, the patient must be prepared for an ultimate increase in the very sufferings from which she thus vainly seeks relief.

X.—VICARIOUS MENSTRUATION.

One of the most remarkable phenomena consequent on amenorrhœa is that in which there occurs, periodically, hæmorrhage or exudation of blood from some other mucous surface, as from the nose, lungs, stomach, bowels, bladder; or from the surface of an ulcer situated on some portion of the cutaneous surface. Such cases are denominated *vicarious* menstruation.

It may happen that a leucorrhœa takes the place of the proper menstrual flow, in which case it is styled a vicarious leucorrhœa. This form of the disease is also amenable to proper treatment. L.

TREATMENT.—The object of treatment in cases of

vicarious menstruation is to improve the general health, both by medicines and by suitable hygienic conditions; in fact, the treatment should be identical with that pointed out in the two sections, "Delayed Menstruation," and "Suppression of the Menses." The chief remedies are *Sabina*, *Puls.*, *Bry.*, *Phos.*, and *Ham. v.*

XI.—CESSATION OF THE MENSES—CHANGE OF LIFE—CRITICAL AGE.

The cessation of the menses commonly occurs in this country between the fortieth and fiftieth years, generally about the forty-fifth, but, like the first appearance, its termination varies in different ladies, and is in subordination to the temperament, constitution, climate, and habits of the individual. There is usually some connexion between the periods of the first and last menstruation, for the cessation occurs at a later period where the first appearance was wanting in precociousness.

Menstrual life, as it is termed, continues for about thirty years in the case of every healthy woman, varying as above. Thus, if she began to menstruate at the age of fifteen, the critical period will arrive at about forty-five; or if at twelve, she will cease to menstruate at forty-two. In some families, however, the change comes as early as thirty-five or forty, and in others not until fifty or later.

L.

SYMPTOMS.—Whilst the change is in progress, there is commonly more or less disturbance of the general health, such as vertigo; headache; flushes of heat;

nervousness; urinary difficulties; pains in the back, extending down the thighs, with creeping sensations, heat in the lower part of the abdomen, occasional swelling of the extremities, itchings of the private parts, etc.

Menstruation ceases abruptly in some ladies. The monthly period may be arrested by cold, fright, or some illness. Earlier in life the suppression would have been followed by a return of menstruation after the removal of the cause; but now nature adopts this opportunity to terminate the function. Gradual termination is, however, the most frequent, and is attended with the least disturbance of health. In *gradual* extinction, one period is missed, and then there is a return; a longer time elapses, and there is, perhaps, an excessive flow; afterwards some months may pass away without any re-appearance; then there may be a scanty discharge, followed, perhaps, by flooding, and at last the discharge becomes so scanty and so slightly colored as scarcely to attract notice, and then finally disappears. (*Ashwell.*)

It is very common for the interval between the periods to be prolonged to two, three, or even to six months or more, and then be followed by profuse or protracted flowing. These irregular and excessive losses of blood in women of forty or upwards, sometimes lead patients and physicians to fear they may depend upon uterine polypus, or cancer—diseases which are more incident to this than to any other time of life.

L.

TREATMENT.—When remedies are required, one or more of the following may be selected: *Puls.*, *Acon.*, *Actaea*, *Sep.*, *Cocc.*, *Bry.*, *Bell.*, *Sulph.*

Pulsatilla.—Nausea and vomiting, chilliness, coldness of the feet, heaviness in the abdomen as if from a stone, pressure in the bladder and rectum, and general dyspeptic symptoms.

Aconitum.—Nervous irritability and excitement. *Acon.* has been recommended as the most soothing of all medicines at the climacteric period, especially if the patient be robust or plethoric, and if there be evidence of local or general congestion.

Bryonia.—Congestion of the lungs or chest; indigestion; suppression of the menses, with bleeding from the nose; lancinating pain in the small of the back, with discharge of dark-red blood.

Actaea.—This remedy removes many of the sympathetic disturbances peculiar to this period,—pain in the mammae and other parts sympathetic with the womb; sinking at the stomach; pain in the crown of the head; irritability, restlessness, hysteria and melancholy. It dissipates the infra-mammary pain in unmarried females which Simpson tells us is to the womb what pain in the shoulder is to the liver. In the “irritable uterus,” when occurring at the change of life, *Actaea* is very valuable. (*Hughes.*)

Arsenicum.—Threatened dropsy, general debility, difficult breathing, and nervous prostration accompanying the change.

Lachesis.—This remedy is recommended as a most valuable one for women at the “change,” for *flushes*, burning pains at the top of the head, pains in the back, and other troubles common at this period. Fully crediting the recommendation, we must at the same time add, that we have no experience with the drug

ourselves, it being almost the only remedy prescribed in this Manual with which we have had no personal experience.

Sanguinaria can.—*Flushings* common at the climacteric change.

Coccus.—Spasms or colic-like pains in the abdomen, with nausea and vomiting; giddiness and headache; painful menstruation, with discharge of coagulated blood. After the employment of this medicine for a few days, it may be followed by

Sulphur.—This remedy is most valuable when indigestion, piles, itching and burning in the sexual organs, leucorrhœa, and sweats and flushings accompany the “change;” also in constitutions marked by a morbid activity of the skin.

Phosphoric acid.—If the menses are too frequent and too copious, with great prostration, oppression of the lungs, and a bloated abdomen. L.

Administration.—In severe cases, a dose of the appropriate remedy every three or four hours; during recovery, and in mild cases, twice daily.

ACCESSORY MEANS.—A light and nourishing, but *not* an abundant diet should be allowed, with little or no wine, and no malt liquors. An accustomed discharge is about to cease, or has already ceased, and hence it is probable that the system is oppressed, and that the weakness so often complained of at this period is imaginary rather than real. If, to remove the languor and inactivity now so often present, stimulants and generous diet be allowed, some important organs will most likely suffer. Small quantities of spirits are sometimes prescribed to remove those

distressing sensations commonly felt at this period, and are generally taken by the patient with great satisfaction; but their good effects are only temporary, while their continued use is most mischievous. Veal, pork, salt-meat, pastry, and made-dishes should be avoided; wine, bottled beer, or any liquid containing free acid, or gaseous matter, seem to aggravate the disorder in a marked degree. Vegetable articles should enter largely into the diet; and beef, mutton, fish, or fresh game may be taken in moderation once a day. Cocoa forms the best drink for breakfast, and one or two small cups of tea may be taken for the afternoon meal. The sleeping-room should be cool and well ventilated, and a mattress used rather than a feather-bed. The vicissitudes of the weather should be guarded against by appropriate changes of dress.

By way of precaution the greatest care should be taken lest, in the effort to accommodate itself to the arrest of this important function, some serious organic disease should be developed. Ovarian dropsy, uterine polypi, cauliflower excrescence, uterine cancer, or cancer of the breast, are among the maladies incident to this period. There is little doubt that these troublesome and dangerous affections are often due to a lack of care at the critical age.

L.

CHAPTER III.

*INCIDENTAL DISEASES.*I.—LEUCORRHÆA—WHITES (*Fluor albus.*)

DEFINITION.—In a healthy condition, the mucous lining of the vagina and neck of the womb, and the various glands which stud the vaginal orifice, secrete a fluid just sufficient to lubricate the opposed surfaces of the mucous tract, and for other physiological purposes. In unhealthy conditions, this secretion becomes increased in quantity, of an altered character, and varies in color and consistence; this is termed *leucorrhœa*.

This discharge sometimes substitutes, or takes the place of, the proper menstrual flow in which case it is called *vicarious* leucorrhœa. L.

This disease or symptom occurs at all periods of life, but is most common after puberty, and previous to the cessation of the menses, when so many causes are in operation to induce free determination of blood to the utero-genital organs.

SYMPTOMS.—A mucous discharge from the utero-vaginal lining membranes of a white, yellow, or greenish color, either thin and watery, or of the consistency of starch or gelatine. In severe cases, the whole system becomes injuriously affected; the face is pale or

sallow; the functions of digestion are impaired; there are dull pains in the loins and abdomen; cold extremities; palpitation and dyspnoea after exertion; debility and loss of energy; partial or entire suppression of the menstrual flow. In slight cases of leucorrhœa, the disease may exist for years without giving rise to any very marked symptoms.

CAUSES.—An inactive and luxurious mode of life; a warm climate; the employment of purgative drugs; excessive sexual intercourse; masturbation; menstrual derangements; polypi, or other abnormal growths of the uterus; debility and relaxation consequent on difficult parturition; too early exercise after confinement; prolonged nursing; defective nourishment; loss of blood, etc.; congestions and inflammations of the uterus and vagina; want of cleanliness; a scrofulous habit; general debility and relaxation of the muscular and membranous structures, whether from natural organization or disease.

It may also follow weaning, the indulgence of mental excess and anxiety, indigestion; or it may be vicarious to menstruation, to one of the forms of consumption, to cancerous disease of the breast, and to certain nervous affections, as hysteria and chlorosis. It may be caused or perpetuated by the use of astringent injections, tight lacing, work at the sewing machine, too prolonged practice at the piano, literary labor, and even by change of climate, as for example, a removal from the prairie, or low land, to a mountainous region.

L.

Leucorrhœa is most common in the rich, indolent, luxurious, and dissipated, and in those who live in crowded cities, and in damp or fenny districts; it is much less frequent in persons of industrious and early

habits, and in those living in the country on a dry soil. Lastly, leucorrhœa is not infrequently caused by irritation or disease in an adjacent organ,—thread worms in the rectum, piles, stone or catarrh of the bladder, etc.

NATURE.—When it does not come from an ulcerated surface, the leucorrhœal discharge is of catarrhal origin. The return of the menses, the increased determination of blood to the womb and *vagina* during coitus, or whenever the passions are excited, or the reflex stimulus of nursing may find vent through increased glandular activity, the natural secretion is changed in amount and quality, and a catarrhal flow is the consequence. L.

Occasionally leucorrhœa occurs in children of tender years. It is then generally the result of a want of proper cleanliness, of worms, or of the local application for various purposes of some irritating substance. In this, as indeed in almost every other particular, the importance of cleanliness in the treatment of children cannot be overrated.

TREATMENT.—*Calcarea*.—Chronic leucorrhœa in weak, scrofulous, and lymphatic constitutions, particularly when menstruation is too frequent and profuse; the leucorrhœa is of a milky appearance, is worse just before the menses, and often attended with itching and burning, and sometimes with falling of the womb.

Coccus.—Leucorrhœa just before and after menstruation, with *colic* and flatulent distension of the abdomen.

Pulsatilla.—Suitable in the majority of cases, especially in females who have not menstruated, and in leucorrhœa during pregnancy, when the discharge is simple thick white mucus. Wandering pains in the

abdomen, and flatulence, are further indications for *Pulsatilla*.

Kreasotum.—Obstinate, corrosive leucorrhœa, the discharge being foul.

Helonias Dioica.—Leucorrhœa with a relaxed state of the womb and its appendages. It is said to improve the tone of the sexual organs, and co-existing general debility.

Sepia.—Chronic leucorrhœa, with passive congestion of the womb, *irregular menstruation*, and often piles, constipation, and prolapsus. It is especially indicated by a delicate sensitive organization.

Arsenicum.—*Thin, burning, corrosive leucorrhœa*. It is chiefly required in strumous constitutions, and in cases of malignant ulceration of the neck of the womb.

Conium.—Acrid leucorrhœa of a milky color, producing much irritation and soreness of the vagina and external parts.

Mercenrins.—When there is ground to suspect that the discharge is of a syphilitic origin; irritation, swelling, or inflammation of the external parts.

Sulphur.—Obstinate cases, especially in scrofulous patients, or following suppressed eruptions or ulcerations; the urine is often scalding, and the leucorrhœa excoriating, itching, and fœtid.

China.—Leucorrhœa associated with, or following, excessive loss of blood, severe purgings, dropsical swellings, fevers, acute inflammations, abuse of drugs, or other debilitating and depressing causes.

Administration.—A dose of the appropriate rem-

edy three or four times daily; in slight cases, morning and night.

ACCESSORY MEANS.—There are several conditions which are absolutely essential to the successful treatment of leucorrhœa, the most important of which are,—active exercise, short of fatigue, in the open air, followed by rest, if possible in the horizontal posture; avoidance of all sexual excesses, the pleasures of the table, and exciting parties and spectacles, crowded ball-rooms, etc. *Too much standing* is unfavorable; sleeping on a mattress is much more conducive to the cure than a soft bed; and, lastly, injections of cold water, repeated several times a day, and cold ablutions, including the *hip-bath*, described page 15, are necessary, in order to maintain proper tone and *perfect cleanliness* of the utero-genital organs.

The great importance of this last point cannot be too strongly insisted upon; for without a strict attention to cleanliness, all the remedies prescribed may prove unavailing. This morbid secretion is generally highly irritating; and when it is permitted to accumulate and continue long in contact with the mucous membrane, it is liable to decomposition and fetor, and is most pernicious to the healthy condition of the parts. On this account, frequent injections of cold water, and the thorough use of local applications of tepid water and soap, should be strictly carried out.

Too much *sitting* is almost as harmful as too prolonged standing. L.

The Vaginal or Uterine Douche.—In order to ensure a continuous stream of water on the inferior portion of the womb, and on the vaginal mucous sur-

faces, without any manual effort on the part of the patient, Dr. G. Hewitt has had a simple and effective instrument constructed. An india-rubber bag or reservoir, capable of holding nearly a gallon of water, has attached to it a long flexible pipe, which ends in the vaginal exit-tube. The bag, filled with water, is hung up above the patient, or placed on an article of furniture a little above the patient's body. The water descends by the action of gravitation alone; the rapidity of the flow is regulated by simply turning a stop-cock, placed just outside the vaginal tube, and the water flows until the reservoir is empty. This douche has the advantage of great portability and simplicity.* The douche should not be used in cases where pregnancy is supposed to exist.

The common resort to injections of alum water, sugar of lead, and other astringents thrown into the vagina is harmful and should not be practiced. In some cases it will be absolutely impossible to know and understand the nature of the disease without a careful examination by means of the speculum. And the intelligent and conscientious patient will prefer that the physician should understand what he is trying to cure, rather than that he should experiment and waste time by guessing at the malady and leaving it for chance to indicate the remedy. Although the speculum has been abused, and thereby fallen into disrepute with some, it is certainly a very useful and necessary instrument.

L.

* A similar apparatus is sold in the United States, called "The Fountain Syringe."

II.—FALLING OF THE WOMB (*Prolapsus Uteri.*)

This troublesome derangement occurs most frequently in married ladies beyond the middle age, but it is also liable to occur in young unmarried females of relaxed constitution after dancing, running, or too severe exertion during menstruation.

Three degrees of prolapsus uteri have been described, viz.: *relaxation*, where the slightest descent has happened; *prolapsus*, where it exists to a greater extent; *procidentia*, where there is protrusion through the external parts. But the term “prolapsus” is now generally used to express all the varieties; and we have adopted the same in this manual. Slight relaxation often exists a long time without attention.

SYMPTOMS.—These are numerous, and vary in different bearing-down sensations in the vagina; weariness, soreness, and faintness, with indisposition to stand; leucorrhœal discharge; often, increased menstruation, and frequent desire to pass water; nervousness; irritability of temper; indigestion, constipation, etc. In *procidentia* the annoyance and inconvenience are very great, on account of the impediment offered to walking, sexual intercourse, etc.

CAUSES.—Probably the most frequent cause is getting up too soon after child-birth, when the womb is larger than usual, and when also its supports below have been weakened by the process of parturition. Occupations, such as those of laundresses, cooks, etc., are fruitful causes, especially with a too large or relaxed womb. Other causes are,—injuries from falls, sudden straining, jumping, over-lifting, etc.; long-

continued coughs; excessive vomitings; tight lacing; a general relaxed condition of the system, either constitutional or the result of sedentary habits; too high living; purgatives, etc. Thus it will be observed that the essential elements in prolapsus are,—an enlarged, heavy womb, and relaxation of its natural supports, combined generally with too much standing. Prolapsus of the womb from rupture of the *perineum* during labor is not otherwise referred to here, as it requires surgical measures for reuniting the torn surfaces.

With some ladies prolapse of the womb is undoubtedly caused by neglect of the habit of going regularly to stool. A very frequent cause is the harmful practice of taking cathartics in child-bed. Those who have had frequent abortions are very prone to uterine displacements.

L.

TREATMENT.—*Bell.*, *Nux v.*, *Stan.*, *Sep.*, *Sulph.*, *Helonias*, *Calc. c.*, *Ferr.*, *China*.

Belladonna.—Dull, distressing pains in the abdomen; drawing, heavy pains in the small of the back, with pressure and forcing downwards into the genital organs, which are generally relieved after lying down; painful menstruation; excessive general sensibility and irritability.

Nux vomica.—In addition to the symptoms detailed under *Belladonna*, there are indigestion, flatulence, constipation, with frequent ineffectual straining, difficult urination, irritability of temper, etc. Too early and too profuse menstruation are further indications for this remedy.

Stannum.—“ Bearing-down ” sensations, so often complained of by women, and prolapsus of the uterus

and vagina. “I have hardly ever known it fail to cure: and have been astonished at its power over prolapsus (*Hughes*).

Sepia.—Prolapsus with irritability and disposition to faint, or consequent upon leucorrhœa, or when the menses are irregular, or flow interruptedly; also loss of appetite, nausea, constipation, bearing-down after exercise, frequent desire to urinate, drawing pains in the thighs, etc. *Sepia* is suited to delicate women of sensitive skin, nervous habits, and in whom the muscular system is easily overtaxed. A yellowish leucorrhœal discharge, with itchings and eruptions, are additional indications.

Sulphur.—Chronic prolapsus, associated with a strumous element in the constitution.

Helonias Dioica.—In prolapsus, and other atonic conditions of the womb, this remedy is possessed of great curative power. So striking is its action on the womb, that it has received the designation of “uterine tonic.”

Arnica.—This remedy should precede any other when the displacement has been occasioned by a fall, blow, *over-exertion*, or any other mechanical injury.

ACCESSORY MEANS.—In slight cases, the recumbent posture, maintained for as long a time during the day as is consistent with the general health, especially during the monthly period, the use of appropriate baths, and the general accessories prescribed in the section on Leucorrhœa, will usually suffice to effect a cure. Applications of cold water to the body generally, followed by vigorous friction; *injections* of cold water, or in some cases, of astringent fluids, by means

of a large-sized gum-elastic vaginal tube, and attached to a proper syphon syringe, so as to ensure a good and continuous stream of water reaching up to the inferior portion of the womb; and the daily use of the hip-bath (see page 15), are remedial agents whose great value is authenticated by long and extensive practice. The utility of these processes consists in their power to produce metamorphosis (*change*) of the tissues of the body, and in their change the womb necessarily participates.

In the more severe forms of prolapsus, in addition to abstaining from all domestic duties, and maintaining the horizontal posture during the greater part of the day, it may be necessary to employ mechanical means to support the womb, until, by the use of medical and general measures, the parts have recovered their natural tone and contractility. A good *pessary*, adapted in size and shape to the requirements of the case, may sometimes be resorted to, under professional advice, with great advantage.

Prolapsus uteri is so often associated with constitutional causes, as to render it desirable, if practicable, to confide the treatment to a Homœopathic practitioner.

III.—INFLAMMATION OF THE WOMB (*Metritis*).

This affection may occur in any adult female, and is an occasional serious complication of pregnancy, or of child-birth.

SYMPTOMS.—An attack may commence with a chill, followed by febrile symptoms—full, jerking pulse, great thirst, nausea and vomiting, and some-

times diarrhoea with tenesmus, the bladder is irritable, and there is a feeling of throbbing in the vicinity of the womb, which is swollen and painful. The precise seat of pain depends upon what portion, or whether the whole, of the womb is involved. The patient maintains the recumbent posture, as sitting up aggravates the pains, throbbing, and irritability of the bladder and rectum. Sometimes the disease takes on a typhoid character, and there is excessive prostration, a dirty-yellow coating and dryness of the tongue. By comparing these symptoms with those described under "Dysmenorrhœa," they will be seen to vary sufficiently to prevent confusion in the diagnosis.

CAUSES.—Exposure to cold; sitting or standing on damp grass, etc.; suppression of the menses; mechanical irritation, as from tumors, etc.

This inflammation is very likely to complicate or succeed certain menstrual difficulties, as, for example, retention, dysmenorrhœa, etc. It also follows abortion, excess of coitus — especially when the sexual act is indulged too freely and frequently after the menses. And it is often caused by the sudden arrest of a leucorrhœal or haemorrhagic flow by the use of vaginal injections of cold water or of some harsh astringent, as well as by the employment of strong caustics for the cure of ulceration of the womb. L.

TREATMENT.—Professional advice is essential in so serious a disease. Till it can be had, *Acon.* and *Bell.* should be administered early in alternation every thirty to sixty minutes. As improvement ensues the medicines may be given less often.

ACCESSORY MEANS.—Rest, as complete as possible, simple diet, with cooling drinks, and fomentations of

very warm water. In the early stage of the disease, the patient may sit in hot water for twenty or thirty minutes, with the shoulders and feet covered. She must retain the recumbent posture till the inflammatory symptoms have subsided.

IV.—HYSTERIA.

DEFINITION.—The term hysteria is derived from the Greek word *hystera*, a womb—from its supposed connection with that organ; but it will be directly shown that the uterus and its functions are not essential to the conditions included under the word hysteria. The various phenomena thus designated may be defined as a nervous disease of a *general* and not a *local* origin, caused by some source of irritation supervening upon a condition of depressed nerve-power from emotional causes, and may arise in conjunction with uterine irritation, or entirely independently of such cause. It consists, essentially, of a defective or perverted will, heightened or altered general sensibility, and, usually, some impairment of the general health, but is no more dependent on the female organs of reproduction than on any other part of her body.

In proof of this we will adduce the following facts: Hysteria is not limited to the single condition, but often exists in the married, even in the happily married—in pregnant women, in nursing mothers, and in women who have passed the critical age. It often exists, in its highest expressions, in persons whose monthly period and general uterine functions present no anomaly whatever; various functional and organic

diseases of the organs in question often exist without any hysterical symptoms; women who have been born without a uterus have been hysterical; and, again, it is well known, that hysteria does sometimes exist in the *male* sex.

CAUSES.—While, therefore, hysteria is a disease of a nervous character, it may be called into activity by any affection or event that operates powerfully on the system, like suppressed, irregular, or profuse menstruation, leucorrhœa, pregnancy, prolonged nursing, depressing emotions, fright, the loss of a husband, child, or friend, disappointed love, novel-reading, and a luxurious mode of life. A predisposition to the disease may be transmitted from the parent, or it may be fostered in a daughter by the force of the example of a nervous mother or elder sister.

An hysterical diathesis or tendency may be induced by over-study and anxiety, a prolonged strain or worry of mind, carrying too much, as well as carrying too little weight in life, and also as a consequence of ill-assorted marriages. Whatever jars upon the sensitive nature of the girl or woman may insensibly ruin the harmony of her organization, bodily and mental.

L.

SYMPTOMS.—Hysteria is remarkable for the wide range and indistinctive character of symptoms, and the multitudinous diseases it may mimic; we may mention especially,—loss of voice, stricture of the œsophagus, laryngitis, a barking cough (more annoying to the hearer than to the patient), pleurisy, heart-disease, difficulty in urinating, neuralgia, disease of the spine or joints, and many other inflammatory diseases. In these cases the patient deceives herself, and endeav-

ors, by extreme statements of her sufferings, to mislead others. An observant medical man, however, need never be deceived. In some cases there is indigestion, a more or less definite affection of the head, chest, or abdomen, or other condition of impaired health or constitutional delicacy. Some cases of hysteria, however, exist, in which there can be detected no derangement of the general health.

The symptoms of hysteria may be arranged into three classes. First, that in which the sensation of a ball rising in the throat (*globus hystericus*), or a feeling of suffocation, is experienced by the patient, but without convulsions; second, its paroxysmal form, in which there is the sensation of a ball rolling in the stomach or chest, which gradually rises to the throat, producing a choking sensation and panting breathing; and is succeeded by partial insensibility, shrieks and screams, irrepressible crying or laughter, convulsions, etc.; third, those irregular forms which often arise in the intervals of severe attacks.

HYSSTERIA AND INFLAMMATORY DISEASE.

Sometimes a medical man may for a moment experience difficulty in deciding whether a patient is suffering merely from hysteria, or from an inflammatory disease; but he is able, by the use of the thermometer, to determine the point. The temperature of patients in acute inflammation is invariably raised; but the temperature of hysterical persons is always natural (98° Fahr.) Further, the state of the pulse, the character of the pains, and the general condition of

the nutritive processes, furnish additional proofs of the real character of the disease. The *ideal* nature of hysterical sufferings may be proved by completely diverting the patient's attention from the part complained of; then, firm pressure on a part, or the sharp movement of a joint, may be borne without complaint, whereas the slightest touch was immediately before said to be "agonizing in the extreme."

HYSERIA AND EPILEPSY.

In hysteria there is absent the suddenness of seizure, the complete loss of consciousness, the dilated pupils, the bitten tongue, and the total disregard of injury to person or clothes that mark epilepsy. There is much sobbing and crying, much exhaustion, but no perfect stupor in hysteria, nor is an attack followed by profound sleep.

THE HYSTERICAL FIT.

A paroxysmal form of hysteria may be caused by some transitory occurrence, as a real or imaginary grievance. The patient is talking in an agitated manner; she is laughing or crying, or both; then she bursts out into an immoderate fit of one or the other, the *globus hystericus* begins to form and to rise, and as soon as it reaches the throat, the patient screams or makes an incoherent noise, appears to lose all voluntary power and consciousness, and falls to the ground. On closely watching a case, however, it will be noticed that there is not absolute loss of conscious-

ness; the patient contrives to fall so as not injure herself or dress; an attack does not occur when she is asleep or alone; the countenance is not distorted as in epilepsy; the eyelids may quiver and the eyes be turned up, but the eyes are not wide open, nor the pupils dilated, as in epilepsy, and the patient may be observed to see and to look; the breathing is noisy and irregular, but there is no such absolute arrest of breathing as to cause asphyxia; the fit continues for an indefinite period, followed by apparent great exhaustion, but not by real stupor.

She hears and knows all that is passing, and, strange to say, takes an almost insane delight in frightening the by-standers out of their wits. In milder cases she taxes her inventive faculties and reels off details of gossip which, if credited, would set the community in an uproar. No matter how chaste or cultivated, she may, even, swear or talk obscenely. The fit is very apt to go off with immoderate laughter or crying, or both together. The most of these paroxysms occur in those of a mercurial temperament. The disease is not contagious, but, from sympathy alone, it is not uncommon to find all the females in the room showing signs of this peculiar affection. L.

THE HYSTERICAL EXPRESSION.

An easily flushed face; the features rapidly respond to the mental emotions; the upper lip is deep and prominently full. The eyeballs are large, and the sclerotic (white of the eye) of a transparent sky-blue; the pupil is much dilated, giving a general dark hue to a naturally light eye, and the conjunctiva is smooth and bright from tears on every emotion. The eyelids

are large, full towards the outer angle, giving a drooping, appealing expression to the face (the “sweet expression” of ladies). Of these several hysterical marks, the puffiness of the eyelid and the dilatation of the pupil are the most constant—indeed are seldom absent and seldom deceive. (*Chambers.*)

TREATMENT.—Here we must point out, first the measures to be adopted during a fit, and secondly those to be carried out in the interval between one attack and another.

THE HYSTERIC FIT.

After the patient’s clothes are loosened, and an abundant supply of fresh air is secured, an attempt may be made to arrest the hysterical convulsions by a method suggested by Dr. Hare, viz., that of forcibly preventing the patient from breathing, for a certain time, by holding the mouth and nose. The effect of such constraint is to make the patient, when allowed to do so, “draw a long breath,” this vigorous inspiration being usually followed by a relaxation of all spasm, and a disappearance of the fit. Prolonged attacks are notably benefitted by this plan of treatment; in brief ones there is neither time nor need of it. Dashing cold water on the face and neck, or pouring water out of a large vessel from a height directly over the mouth and nose of the patient, so as to stop her breathing and force her to open her mouth, often succeeds. “A calm manner,” says Dr. Reynolds, “the absence of all appearance of alarm, and of either scolding or distressing sympathy,—all of which things

the apparently unconscious patient observes much more accurately than do her frightened friends,—will sometimes bring a fit to a speedy end ”

Camphor is an invaluable remedy during an hysterical paroxysm, and often terminates a fit immediately, especially if there is general coldness of the surface. Two drops on a piece of loaf sugar, or two pilules saturated with the strong tincture may be given two or three times every few minutes during the fit; or a phial of the strong tincture may be applied to the nose.

Moschus.—In other cases this remedy may be used internally and by olfaction.

REMEDIES IN THE INTERVALS.

Between the attacks a selection from the following remedies may be made, and the general treatment afterwards pointed out adopted, according to the peculiarities of the case.

Ignatia.—This is a most valuable remedy in the treatment of hysteria with the following symptoms: exhausted impressionability of the whole nervous system, with frequent changes from high spirits to depression; hysterical convulsions with the sensation of a ball in the throat, suffocative constrictive sensation, and difficult swallowing; hysteria associated with disappointment, mortification, or any intense mental excitement.

Moschus.—Hysterical attacks with *fainting*, small, fluttering pulse, and coldness of the surface. Like

Camphor, it is most useful during a paroxysm, by cutting it short.

Platina.—Hysteria with *depression of spirits*, anxiety, irritability and nervous weakness, especially from uterine congestion; early, excessive, or too prolonged menstruation; sexual excitement.

Asafætida.—Hysteria from inertia or irritation of the biliary system, with burning and dryness in the throat; cutting, crampy pains, or distension of the abdomen; constipation or diarrhœa, with frequent urging; high-colored, strong-smelling urine; sensation of a ball rising in the throat; premature, painful menstruation; nausea and inclination to vomit; uterine excitement; depressed or fitful spirits.

Nux vomica.—Hysteria with *constipation*, disagreeable, bitter, or acrid eructations, *flatulence*, hiccough, distension and pain in the stomach, headache, giddiness, faintness, and tendency to convulsions. After administering it for several days, *Sulphur* may be substituted.

Aurum.—Hysteria with excessive menstrual discharge, congestive headache, melancholy, etc.

Actæa Racemosa.—Hysteria associated with *uterine disturbance*; mental restlessness, irritability, and despondency; pains in the breasts; sinking at the stomach, etc.

Pulsatilla.—Hysteria evidently depending upon, or associated with, suppressed period or uterine disorders, especially when the *Puls.* temperament corresponds. It may be followed by *Sabina* or *Silicea*.

Coccus.—Hysteria with irritability, dejection and copious discharges of pale urine.

Acon., *Coff.*, *Hyos.*, *Staph.*, and *Valer.*, are additional remedies sometimes needed.

ACCESSORY MEANS.—(1) *Occupation.* Besides regular out-of-door walking exercise, cheerful society, conversation, and recreation, physical and mental occupation of a useful nature should be strictly enjoined. Healthy, useful employment should become a uniform habit, and the patient be led to feel that life is not a mere holiday to be passed in frivolity and idleness, but a highly important period of existence to be spent in usefulness and enjoyment. Absence of occupation favors that meditative mood into which hysterical patients are liable to fall, and renders a cure improbable. (2.) *Removal from home influences.* Nothing, perhaps, interposes greater obstacles to recovery than the misplaced tenderness, anxiety, and sympathy of friends, and the perpetual recurrence of influences which tend to perpetuate the disease; so that sending the patient from home, away from her accustomed habits and associations, and placing her under the care of kind but judicious friends, offer a favorable chance of recovery. This is easy of accomplishment in the poorest classes, who can be sent into a hospital; and in the richest, who can be placed under the care of a physician or competent friend. But this is often next to impossible for the families of retail storekeepers, curates, village doctors, and others, from the union of a light purse with a weighty feeling of independence. One plan can sometimes be adopted, namely, to negotiate an exchange of patients, where families of about the same social standing are simultaneously afflicted with a hysterical member. (*Chambers.*)

(3.) *The Shower-Bath.* The fortitude involved in submitting to the shock of a cold shower-bath is splendid discipline, and aids the cure by giving the patient more moral power. Besides, shower-baths improve the circulation by forcing the venous blood to the heart and lungs, and bring arterial blood to the surface, as seen in the healthy glow of the surface of the body. Patients not accustomed to bathe may commence by taking two or three tepid baths. To prevent the inconvenience arising from wetting the long hair of the head, an oiled-silk covering may be used to keep it dry. (4.) *General cautions.* Crowded, badly-ventilated, and too brilliantly-lighted churches, theatrical exhibitions, novel-reading, tight stays, and late hours in retiring at night and rising in the morning, should be resolutely forbidden. The diet, rest, study, recreation, as well as the various bodily functions, should receive intelligent and uniform attention.

Especially should the patient be removed from an excess of religious and social excitement, anxiety and competition—for nervous and susceptible persons may sometimes have too much of these as of other good things. The old-fashioned sewing society was a hot-bed of hysteria. Sometimes a cure will follow a complete change of habits and surroundings. If she has been the victim of too much company, the seclusion and quiet of the country may be the one thing needed. Or if she has felt herself unhappy because of her isolation and remoteness, a change to the town or city might answer equally well. Other cases are amenable to a kind, Christian charity and forbearance which charges all real or supposed wrong-doing to the weakness and frailty of poor human nature, and not to sinful intent.

L.

CHAPTER IV.

REPRODUCTION.

I.—MARRIAGE.

IN other works, and also to some extent in this, we have labored to show the value and bearing of pure air and water, light, exercise and recreation, good food, etc., on health and long life. Here, however, we carry our labors further back, and venture to offer suggestions connected with the exercise of those functions of the male and female organs of reproduction, on the integrity of which depends, perhaps more than on anything else, the physical and moral qualities of individuals.

The question of the marriage of unsuitable persons, or of marriage at an unsuitable age, is often either disregarded, or viewed from a too narrow stand-point, as if it only concerned the individuals forming the alliance. Our duty, however, as guardians of the public health, imposes on us the responsibility of enforcing the truth that the health, happiness, and material greatness of future generations are involved in such marriages. No one but a physician, who sees human nature in all, even its darkest aspects, can fully appreciate the subject, or accurately trace its workings in society. The several points, here only briefly alluded to, are of pressing importance, and should be

seriously pondered, in all their bearings, by persons contemplating marriage, and by parents and guardians.

MARRIAGEABLE AGE.

From twenty to twenty-five years of age, may be stated as the most suitable time of life for contracting marriage on the part of females; and from twenty-five to twenty-eight on that of males. Although the function of menstruation commences from the fourteenth to the sixteenth year, yet the female constitution is not sufficiently formed and matured till twenty or twenty-one years of age to permit of marriage without risk of injury to health and comfort. Some exceptions to this may exist in persons who have acquired at about nineteen that physical and mental perfection which the majority of persons in this country only attain some years later. On the other hand, too late marriage frequently entails much discomfort, and the children of such parents are often sickly, and die prematurely. These points are more fully, and separately considered further on.

PRECOCIOUS MARRIAGE.

Physiology clearly teaches that both animals and plants must acquire full development before they are capable of reproducing their species in the highest and most vigorous condition. Too early marriage often results in arrest of development, a shattered constitution, and generally impaired health in the mother; such marriages are also generally “less fertile,

and the children which are the product of them are weak, puny, and have an increased rate of mortality." (*Duncan.*) Further, premature marriage, by anticipating the demands of nature, increases the sufferings and dangers of childbirth. Anatomical facts may also be briefly cited to confirm the correctness of our conclusions. The perfect ossification of the pelvic bones, and their complete union to one another, does not usually take place till after twenty years of age; nor is it till about this period that the pelvis has assumed the form, shape, and distinctive sexual features so admirably suited for the difficulties involved in commencing childbearing. It is well known that the pelvis of the two sexes differs but little till puberty; but after that period the female pelvis begins to assume its striking characteristics; its cavity becomes capacious and broad in both its diameters, and the inlet and outlet also enlarge. These and other characters, so necessary for the duties of maternity, are not fully developed till after that maturity of growth, the process of years, which only fairly *commences* about the time of puberty. "When I am consulted," writes M. Joulin, "as to the opportuneness of a marriage for subjects who are too young, I am accustomed to respond to the parents that they should not marry their daughter until for a year at least her stature has ceased to increase. This is the epoch that I fix for nubility" (*marriageability*).

LATE MARRIAGES.

Under this heading we deem it desirable to make some additional remarks with the view of correcting

popular fallacies on so important a subject. To an article in the *Lancet* of December 31, 1864, we are indebted for some of the annexed hints on the point in question. "The lateness of marriages," Graves says, "may be generally taken as a good test of an improved state of society, and as exhibiting that power of moral restraint over the passions which should characterize civilized and intelligent man." If by late marriages, in the above quotation, is meant marriage contracted many years after the period stated in the previous section as the most fitting, then, from more than one point of view, we must decline to regard it as indicative of, or favorable to, the morality of society. Our experience rather goes to prove that men may be single and yet have less control over their passions than if they had yielded to a timely disposition to marry. The political, and even the moral philosopher betrays a lack of sound wisdom, and an incomplete view of human nature, if, in his calculations, he ignores or underrates the sensuous and passionate elements of our nature. It has been suggested that such philosophers have written their great works in the decline of life, and when the recollection of those tender but strong impulses which entered so largely into their earlier years was fading from their memories. But, even after making this concession, we cannot hold them inexcusable; they had the testimony of history to the fact that the most refined of the ancient nations have been the very nations in which passion has assumed the most disgusting and unnatural proportions. It may, indeed, be said that we have in Christianity a moral influence operating upon us which those

nations had not; but the gospel, even when it is received and embraced as the truth, and becomes influential in substituting “the heart of flesh for the heart of stone,” never unstrings our physical nature, or blunts those fine but strong sensibilities which bind one human being in affection to another.

In considering human nature, as medical men, we can scarcely avoid taking all parts of it into view. In the exercise of our profession, we have frequently-repeated evidence that the great functions of the body and the high aspirations of the soul act and re-act upon each other. Even the boasted celibacy of the upper classes will not bear investigation, involving as it often does extensive prostitution of women, or other habits and vices at least equally demoralizing, which this state tends to engender. Whatever may be the theories of moral and speculative philosophers, our profession compels us to regard men and women as complementary beings, mutually dependent on each other for health, virtue, and happiness, this dependence commencing on the attainment of manhood and womanhood. By observing, as nearly as circumstances permit, the period of marriage before noticed, an important step will be taken towards maintaining the health, happiness, and morals of all classes. Nothing contributes more to steadiness of purpose, to industry and economy on the part of a young man than fixing his affections on a lady worthy to be his partner and help-meet for life.

Let, then, the notion that a man must first secure his worldly position before he should marry, be discarded; for should marriage retard a little the attain-

ment of wealth and status, a higher standard of vigor and virtue and happiness, which are of the first importance both to families and nations, will be an abundant recompense.

In thus recording our matured opinion on this subject, we may be excused parading, in a domestic manual, the varied kinds of evidence on which that opinion is based. Let the inquiring mind look around, and a little beneath the surface of society, and carefully examine what will thus come to view, and proof will be ample that deferment of marriage many years beyond the period already indicated is inconsistent with physical and moral well-being.

The cheerful consent of mothers to the marriage of their daughters and to God's appointed way of instituting *separate* families, would minister largely to the happiness of individuals and the general good. L.

DISPROPORTIONATE AGES.

A considerable disproportion between the ages of the parents is to be avoided. When circumstances are favorable to such an arrangement, there should not be more than four or five years difference between the ages of the male and female, the husband being senior. It is unnecessary to dwell on this point, as remarks on previous sections apply with equal force to this.

ILL-HEALTH A CONTRA-INDICATION.

A little reflection will convince any one of the disastrous consequences likely to spring from the marri-

age of unhealthy persons. “The fact cannot be disputed, though appreciable with difficulty, that the natural and special dispositions of the individual descend to him in a certain measure from his origin, and that parents transmit to their children such and such moral propensities, just as they do such and such physical temperament, or such and such features. Hereditary transmission enters into the moral as well as into the physical order of the world” (*M. Guizot*). Disease, then, as well as peculiarities of character, may be transmitted from parents to children. This is no mere theoretical statement, but a truth based on practical observations a hundred times verified, and it should convey a most impressive lesson. If, as an example, the consumptive young man marry, he can only become the father of feeble children, who often, after a few months or years of suffering, die, and the parent is surrounded with responsibilities and anxieties which press heavily on his weak frame. If the young woman marry, she becomes a mother, for the consumptive are generally very prolific, and indelibly imprints her infirmity on her offspring, while she exposes herself to the perils of childbirth a hundred-fold heightened in such a disease. The observant medical practitioner only, who can trace effects to their causes, can gauge the suffering and bitter disappointment which result from such marriages, and should be often consulted *before* marriages are formed or arranged. It will be obvious that unless the fountain whence nearly all physical evil flows—hereditary taint—be itself purified, nothing can effectually check the progress of maladies universally prevalent and destructive

to happiness, health, and longevity. So long as a reproducing agent is constantly at work, imprinting at the time of impregnation the elements of disease on countless numbers of children, nothing can prevent the multiplication of evils consequent on disease and premature death.

MARRIAGE OF NEAR KINDRED.

The tendency of the intermarriage of persons of the same blood is to perpetuate and intensify any constitutional infirmity in the next generation. Family weaknesses or defects, perhaps of no grave importance, are confirmed by intermarriage, and may readily become developed into actual disease. The marriage of near relatives in whose families a consumptive cachexia exists leads to a concentration of the disease in the offspring, and lays the foundation of some of the most destructive maladies to which the human frame is liable. More than this. A convergence of ancestral liability to disease not tubercular, is likely to lead to that disease in its most active form. On the other hand, persons with a slight hereditary liability to consumption or other affection, but without any active disease, forming judicious marriages in families of healthy blood, may lead to such an admixture and dilution of the disease-element affecting the one parental side, that, in process of time, it may become altogether inoperative.

The general correctness of the fragmentary observations made in this section are abundantly established by physiology. It is not presumed that they can or

always will be literally carried out, at least not until the laws of our natural being are more generally studied, and better understood. Our object, however, is that they should be instilled as first principles into the minds of the young and their counsellors, in order that their application may be facilitated should circumstances permit.

II.—STERILITY.

There is perhaps no condition in the life of a married woman that more frequently gives rise to reproach and unhappiness than that of sterility. If a woman is sterile, she fails to secure the great purpose of marriage, the natural result of which is to “multiply, and replenish the earth.” From circumstances that frequently come before us, we regard the subject as one of sufficient importance to justify the appropriation of a section to its consideration.

To determine in many cases the causes of sterility, considerable medical knowledge is necessary, and, in particular, the anatomy and physiology of the generative organs. The application of such knowledge not unfrequently enables its possessor to detect and remove causes of sterility long in existence that would otherwise have escaped observation.

At the very threshold of the inquiry the question naturally meets us, “Is the cause of the sterility on the side of the male or female?” Generally, this is one easy of solution. When such cause exists in the male, it generally embraces those conditions which render sexual intercourse impossible or incomplete, as

imperfection in the sexual organs, or their defective or too sudden but transitory response to sexual stimulus. These may occur as the result of congenital malformation, sexual vices or excesses, or of local disease. As instances in the latter class, we may instance phymosis, a too short frenum, and diseased conditions of the urethra. Most of these yield to appropriate measures, subsequently allowing nature's purpose to be satisfactorily effected. In the absence of any defect in the external organs, or of obvious local or general disease, there is good ground for the opinion generally entertained by those best informed on the subject, that the cause of infertility in marriage rarely exists in the male sex.

CAUSES OF STERILITY.—The causes of sterility in the female may be *local*, affecting some portion of the generative apparatus; or *constitutional*, the sexual functions suffering in common with the functions of the body generally.

LOCAL.

The *local causes* are very varied, and we can only mention a few of the more prominent. Such are, an imperforate hymen, or one only so slightly perforate, that effectual congress is prevented; narrowness or partial closure of the vagina, either as a natural defect or as the consequence of difficult labors; tumors or polypi in the uterus or vagina; closure or partial closure of the neck of the womb, or after being torn during labor, from the use of caustics; disease of the ovaries; adhesion or occlusion of the Fallopian tubes;

displacements or flexions of the womb; leucorrhœa; ill-timed, or too frequent sexual intercourse; masturbation; disease of contiguous organs, etc.

Leucorrhœa.—This discharge may exert considerable influence by diminishing susceptibility to fecundation. Functional alteration in the mucous membrane of the vagina and uterus, causing considerable excess in its acid and alkaline characters, may render the male secretion inoperative, by the destruction of its spermatozoa, the vitalizing element of the seminal fluid. When leucorrhœa, however, exists to an extent sufficient to cause sterility, its influence on the general health becomes more or less apparent.

Dysmenorrhœa.—Painful menstruation is a frequent cause of barrenness. This is especially true in case the flow is shreddy and stringy, as in the membranous form of this complaint. Women with this disease may conceive, but in them the lining membrane of the womb (which should become the outer envelope of the foetus) is detached and thrown off when the month arrives, and the ovum comes away with it. This class of persons, therefore, remain sterile, because, at the return of the menstrual cycle (each month) they actually experience an abortion. The only remedy for this class of cases is to cure the tendency in the lining membrane of the womb to exfoliate, after which a successful pregnancy may follow. (See *Membranous Dysmenorrhœa.*)

L.

CONSTITUTIONAL.

The *constitutional* causes include those in which the general physical powers are exhausted, as the consequence of acute or chronic disease; obesity; severe,

protracted, or unaccustomed exertion; too close application to business, or excessive exertion of the brain, thus absorbing an undue amount of nervous power which otherwise would be more equally diffused for the efficient discharge of the general functions of the body. In this way the generative system may be impaired by the divergence of the nervous influence which its healthy functions demand.

LUXURIOUS LIVING.

A frequent cause of sterility is that occasioned by indolent and luxurious habits, as excessive indulgence in the pleasures of the table, and especially the free use of wine. The industrious and frugal portions of the community are, it is well known, far more prolific than the higher ranks of society. In his work on the law of population, Mr. Sadler incontrovertibly proves that the fecundity of the human race is diminished by the indolent and luxurious mode of life prevalent among the rich, while it is augmented by the laboring habits and spare diet of the poor. . . . the proportionate infecundity of the two being, in general terms, as six to one.

Great feeders are often sterile. Women who are remarkable for their pinguidity generally have few children, usually none at all. The same rule holds in the vegetable kingdom. By a change of soil and surroundings it is possible to make a tree grow leaves only, and thus answer for ornament exclusively, or by supplying different and proper conditions, to cause it to bring forth flowers and fruit as well as foliage. The diet alone makes all the difference between the drone and the working bee.

L.

IRRITABILITY.

Defective, or, on the other hand, excessive nervous irritability, may operate as an obstacle to impregnation. Deficient sensitiveness, called sexual frigidity, may render the person so incapable of responding to the sexual act as to hinder fecundation; or, the activity of the structures may be in such excess that their vitality is destroyed, as it were, by their own vehemence.

EMOTIONAL CAUSES.

We may also notice what may be termed *emotional causes* of sterility; and although these are probably less influential than many of the other varieties, they are still sufficient to operate prejudicially to conception. They embrace the agreeable stimulus of various senses, such as those of touch, sight, and hearing, to an extent proportionate to individual temperament. There should be the most perfect harmony and congeniality, the one responding to the whole nature of the other, without any sense of discord or feeling of repugnance. Thus, as pointed out in the chapter on Puberty, that epoch is marked by a most striking alteration in the features, form and voice, calculated to exert an immense influence on the phenomena of conception. The favorable exercise of these faculties seem to be required in some instances to overcome indifference or a positive repugnance to sexual intercourse.

Moral causes may even lead to physical conditions which, affecting probably the male more than the

female, it is unnecessary to mention here, but which may operate as causes of incapability.

Incompatibility of temper, taste, and disposition between husband and wife often prevents impregnation. If the wife's tastes are lady-like, and of the higher order, with an admiration for what is beautiful in sentiment and refined in spirit, while her husband's nature is "of the earth earthy," it is very probable that they will remain childless. Or if conception does follow the congress of two such individuals, it is rather an *accident* than a natural consequence. It is thus that a man's pipe, or his glass, or his personal address and appearance, his lack of sentiment, his boorishness may rob him of the whole catalogue of paternal pleasures, and leave his poor wife to rest under what is too often and carelessly regarded as a reproach to her womanhood.

It is a bad practice for women under these circumstances to blunt their sensibilities with alcohol in any of its forms, for should impregnation follow while they are under its influence, the child may be an idiot or worse.

L.

INFLUENCE OF TEMPERATURE.

We know well that vaginal injections of *cold* water, or of *hot* water, employed directly after insemination, generally prevent conception. A case is related of a lady, many years sterile, who was in the habit of using an injection of cold water after sexual connection. One day she accidentally used *warm* water instead, and conception resulted therefrom. M. Coste has ascertained by experiments that the spermatozoa of mammalia are destroyed by *cold* water, whereas the admixture of warm water with the seminal fluid rather favored their vitality. Many facts have come

under our own notice illustrative of the great influence of temperature on conception.

Other causes not enumerated by the author are,—abortion in early married life, the result of harsh drugs, as the “female pills” which are so extensively advertised and taken; the vitiation of the male fluid in consequence of private disease in years gone by; the sudden change of posture or position by the female immediately after the act, which prevents the possibility of the spermatozoa and the ovule coming into contact; the practice of fraudulent or incomplete intercourse for months or years; solitary indulgence; the abuse of aphrodisiacs; spasm of the vagina; inflammation of the ovaries, and ulceration and inflammation of the womb.

L.

TREATMENT.—In the treatment of sterility, an investigation of the cause, which is the first step towards the cure, should be made, so that if possible it may be removed. Sterility from congenital malformation is generally incurable. On the other hand, numerous cases are exceedingly simple in their nature, and quite amenable to treatment. To ensure conception one or more of the following remedies only are necessary, with, perhaps, some mechanical measures, attention to physiological laws and hygienic conditions, so that the organs and general constitution may be placed in the most favorable circumstances.

REMEDIES for constitutional sterility.—*Agnus castus, Baryta carb., Calcarea carb., Cannabis, Conium, Ferr. m., Nux v., Phos., Phos. Ac., Plat., Sabina, Sep., Sulph.*

The selection, the form of the remedy, and the frequency of its administration, can only be determined by the general and local symptoms in each particular

case. Many drugs recommended as possessing aphrodisiac properties are of doubtful character, or have the mere power of exciting the imagination.

III.—CONCEPTION.

Impregnation depends on the union of certain elements furnished by the male and female organs during sexual congress, both being alike indispensable. And it needs but a superficial acquaintance with human history to know that the future being, in its physical and intellectual powers, during the whole of life, is to a great extent determined by the actual condition of the sperm-cell and the germ-cell furnished by the parents. Education, and hygienic conditions, it is true, may improve an imperfectly-organized embryo; but the fact remains, and its general recognition is of great importance, that the qualities of the germs furnished at the period of impregnation will cling to the individual during the entire period of natural life. The practical lesson to be gathered from this fact is, that sexual connection, at least whenever conception is a possible result, should only take place under favorable conditions. There should be at the time the most perfect bodily health, freedom from bodily fatigue and mental excitement or depression; also from the disturbing influence of active digestion, as after a full meal. It is more than probable that conception resulting from intercourse at the close of a hard day's occupation, or following great mental excitement, or after a heavy supper, or under the influence of intoxicating beverages, or subsequent to previous excessive sexual

indulgence, or, in short, when the bodily functions or organs are impaired, affords a rational explanation of many infirmities, or eccentricities, of the offspring. The essential conditions, then, necessary for the production of healthy and beautiful children, are, good health on both the paternal and maternal sides, and the observance of correct rules, a few of which only are referred to in this work.

INSEMINATION, IMPREGNATION, AND CONCEPTION.

We will here define the meaning we attach to some of the terms used in discussing this subject. *Insemination* means simply the injection of semen into the genital passages, as in sexual congress. *Impregnation* implies the meeting and commingling of the living spermatozoa of the male with the ripened ova of the female. *Conception*, however, is the *attachment* of the impregnated ovum to the situation wherein it is to be developed until the time of birth. Without this attachment, the ovum may be expelled, and many cases of sterility are due to the inability of the womb to retain the ovum in consequence of relaxation, leucorrhœal discharge, etc. Violent exertion, hours and even days after impregnation, sometimes excites uterine contraction sufficient to occasion its expulsion. When, however, the impregnated ovum becomes *attached* to the walls of the womb, its foetal development commences, and this *fixation* is conception. This occurs probably soon after impregnation. The time most favorable to impregnation is that immediately following the cessation of the menstrual discharge. Women have then

a much greater aptitude to conceive, and this is therefore the most opportune period for sexual intercourse. "Everything seems admirably prepared at this period for the reproduction of the species" (*Cazeau*). Menstruation in the human female is supposed to correspond with certain periods designated as those of "heat," or "the rut," in animals. At these periods, sexual desire becomes stronger in the human female, and in the females of mammiferous animals at no other time. If sexual connexion is restricted to a certain portion of the inter-menstrual period, pregnancy will rarely occur. The explanation of this may be here briefly summarised. At every menstrual period an *ovum* or egg is matured and expelled from its Graafian vesicle, and a woman is only liable to impregnation on its meeting and blending with the spermatic fluid of the male during its progress along her passages. The time occupied by the passage of the ovum from the ovary to the uterus is not accurately known, but varies from five or six to eight or more days, differing probably in different persons and in different conditions of health. When the passage of the ovum is completed, the liability to pregnancy terminates till after the next menstruation. It is an interesting question, whether a woman can determine the precise time when this ovum passes off. We believe, in the great majority of cases, there are certain signs by which this event can be recognized, and, consequently a woman may be able to determine when the liability to pregnancy terminates for that month. Those persons, therefore, who are anxious to increase their families should connect their hopes with the time of ovulation;

whilst others who, for reasons of health, poverty, or other circumstances, do not wish to add to the number of their children, should then exercise particular caution and self-control.

CHAPTER V.

PREGNANCY.

I.—SIGNS AND SYMPTOMS OF PREGNANCY.

THE signs of pregnancy vary considerably in different ladies, both as to their nature and the periods of their occurrence. The inquiry as to the existence of pregnancy is often one of great importance and anxiety, and we therefore place before the reader the most characteristic signs and symptoms to which this condition gives rise. In estimating the conclusiveness of these signs, reference must be had to their number and importance, the previous condition of the lady, and any accidental causes which may have been in operation to produce abnormal changes. Only three of the following signs can be considered as *certain*, and these only when clearly made out; they are,—the sounds of the foetal heart, the movements of the child felt by another, and ballottement. The other signs are *probable* ones; probability, however, almost rising into certainty in some cases and at certain periods of gestation.

1. ABSENCE OF MENSTRUATION. Probably the first circumstance which leads a lady to think herself pregnant is the arrest of the usual monthly discharge. If the suppression of the menses occur in a healthy

female, who had before been regular, and who has not been exposed to cold or wet, or any other accidental cause likely to influence the menses, and especially if at the second or third period they are still absent, pregnancy may be suspected. This sign will be much more conclusive if there are superadded to it other symptoms indicative of pregnancy, such as those described further on.

But although this is one of the earliest signs of pregnancy, still no certain conclusion can be arrived at from it, inasmuch as the menstrual function may be suppressed from causes altogether distinct from pregnancy, or conception may occur prior to the establishment of menstruation, or immediately after ceasing to nurse, and before this function has had time to recur. Again, the menstrual discharge may be suspended as the result of disease, and pregnancy be induced before that function is re-established.

Other causes arrest this function. Thus a sea-voyage, the mountain air when one is not accustomed to it, mental anxiety, an entire change of habits, as in the newly-married, in whom this arrest often takes place temporarily for one or two months. Besides which see chapter on "Suppression of the Menses."

L.

It therefore follows, that though the absence of menstruation is of considerable value as evidence of pregnancy, it cannot, *per se*, be regarded as a conclusive proof.

2. MORNING SICKNESS.—Generally, in from two to six weeks, sometimes immediately after conception, ladies suffer more or less with nausea, and sometimes vomiting, on first taking the erect posture, probably

from the uterine vessels being then more congested, and hence termed *morning sickness*. Occasionally, these symptoms are so severe and persistent as to impair very seriously the health of the patient; on the other hand, some patients do not experience sickness at all.

In consequence of its intimate nervous connections with all parts of the body, the stomach often acts sympathetically in comparatively trifling derangements. Cerebral excitement, nervous irritation, affections of the bowels, kidneys, liver, etc., are all capable of exciting abnormal action in the stomach resembling that which attends pregnancy. As a sign of pregnancy, therefore, this alone is one of but limited importance; it may be absent altogether, occur at unusual times, or take unusual forms; but when it is combined with other symptoms described in this chapter, and occurs in the usual order of time, it furnishes an important link in that chain of evidence which indicates the pregnant condition.

The *treatment* of this condition is described further on.

3. ENLARGEMENT OF THE BREASTS.—The examination of the breasts furnishes an experienced observer, acquainted with the general anatomy of the glands, with valuable data on which to found an opinion as to the existence of pregnancy. As a rule, in about six or eight weeks after conception, often earlier, there occurs a sensation of fulness, with throbbing and tingling pain in the breasts, accompanied by their enlargement. They become larger, firmer, and feel knotty, and after a time a milky fluid may be secreted. But

these symptoms cannot alone be relied upon as evidence of pregnancy, since irritation of the utero-genital apparatus, suppressed menstruation, uterine tumors, or even, in some females, the appearance of the monthly discharge, may give rise to them. A temporary enlargement, simply consequent on marriage, is sometimes observable, without the occurrence of conception. Enlargement of the breasts may also be due to fatty deposit; in this case, other parts of the body will present evidence of a proportional increase of the fatty material. The true character of the enlargement is easily recognizable by the touch of the experienced finger; that from fatty enlargement is soft and uniform, but that from pregnancy is hard and knotty, the lobules of the gland being felt beneath the skin, arranged in a regular manner around the nipple. Enlargement from chronic disease is perhaps less likely to lead to an erroneous conclusion, as one breast only is involved, and that but partially so.

4. DARKENING OF THE AREOLA AROUND THE NIPPLE.—In the virgin state, the color of the nipple and areola is usually but a shade deeper than that of the skin generally; but in about six or eight weeks after conception, the delicate pink-colored circle around the nipples becomes several shades darker, the circle increasing in extent, and in depth of color, as pregnancy progresses. This change is so strongly marked in primiparæ, as to afford a good sign of gestation. It is, however, rendered of less general value from the fact that after the first pregnancy, the dark color becomes permanent, and is but little modified by subsequent ones. Concurrently with the altered color of

the areola, the nipples and surrounding integuments become swollen, puffy, and more moist, secreting a fluid which stains the linen; and the veins beneath the skin become more visible. Prominent points or glandular follicles, varying in number from twelve to twenty, project from the sixteenth to the eighth part of an inch, immediately around the base of the nipple. These changes, which are often well marked, are not, however, always so. The darkening of the areola is less marked in ladies of light complexion; and something resembling it, as also enlargement of the mammary gland, is said to be present when the uterus is distended from other causes than pregnancy.

In persons of dark complexion, as in brunettes, the areola may become so dark that it looks as if bruised, or even gangrenous, and thus may cause alarm. L.

Alterations in the size and appearance of the breasts, the two signs just referred to, afford to the educated hand and eye of the practitioner valuable evidence: they have also this additional importance—that an examination of them is easily obtainable, and, for various reasons, more readily conceded than one involving the vagina and abdomen.

5. **MILK IN THE BREASTS.** This sign, often considered very conclusive of pregnancy, is very unreliable. Women who have borne children, sometimes continue to secrete milk for a long time—even for years; in such cases, therefore, this sign is of little value. Milk in the breasts also occurs in other conditions of the system besides pregnancy, and even in females who have never borne children.

In rare cases, milk may be secreted by the breasts

of a *man*, instances being on record in which a father suckled his own child. In some of the inferior animals, as for example the bitch, the breasts may be made to yield milk freely, although the animal has never been pregnant.

L.

6. ENLARGEMENT OF THE ABDOMEN. After impregnation, an increased afflux of blood occurs towards the womb, the tissues of which gradually expand, imparting a feeling of weight, fulness, and sensitiveness in the utero-genital organs.

The gradual enlargement of the uterus furnishes a tolerably accurate guide to the period of pregnancy, by the height which it attains in the abdomen. In about two months, the intestines are somewhat elevated, and by the end of the third month, the enlargement may be perceived; at the fourth month, the womb rises out of the pelvis in the form of a hard round tumor, and then gradually rises, and enlarges the whole abdomen. It reaches the umbilicus (*navel*) at the sixth month, and is highest at the ninth, when it reaches the ensiform cartilage, and impedes the descent of the diaphragm; during the last month it sinks a little, probably from some diminution of *liquor amnii*.

The sensation conveyed to the hand by the pregnant uterus is very different from that of the abdomen distended by fluid, flatus, etc.; the former being firm, elastic, defined; the movements of the foetus may be felt by the practiced hand; but in the latter there is an absence of firmness and elasticity, and the tumor is not defined. On reaching the umbilicus, the uterus pushes it forward, so that in about the sixth month it

is more prominent than natural, and afterwards it protrudes somewhat from the surrounding skin.

Enlargement of the abdomen, as a sign of pregnancy, is liable to variation; it may be distended by gas, or faecal accumulations in the intestines, or by ovarian dropsy; or the uterus may be enlarged by air, fluid, or hydatids. In many cases, the abdomen even becomes flatter at first, from the sinking of the impregnated uterus in the pelvis, attended perhaps with a slight retraction of the navel.

7. **QUICKENING.** — Popularly this term is applied to the mother's perception of the first movements of the foetus, on the incorrect assumption that it was not alive from the very moment of conception. Quicken-ing may be briefly explained thus: As soon as the uterus has become too large to remain in the pelvis, it rises into the abdomen, and, sometimes, suddenly, causing faintness and sickness; after this, the move-ments of the child, pressing directly upon the sensitive walls of the abdomen, are felt.

This sign of pregnancy is by no means a reliable one, unless the movements are certainly *felt by another* person, as the patient may be deceived by flatus in the intestines, or by the force of her own imagination; thus women who think themselves pregnant often assert that they plainly feel the motions of the child, persisting in such statement until the lapse of time convinces them of their error. On the other hand, cases occur in which no sensation of the motion of the child is perceived by the mother from the beginning to the close of pregnancy.

8. **BALLOTTEMENT.** — At the expiration of a few

weeks, the uterus will be found lower than usual, heavier, and its *os* more circular, and closed; but afterwards it becomes higher, more difficult to be reached, and its neck shortened. If the woman be placed on her knees, and an impulse be given to the finger, *ballottement*, or the floating of the child, may be felt, for it rises a moment in the *liquor amnii*, or fluid in which the foetus floats, and then, by its own gravity, sinks again on the finger. The most favorable period for this test is between the fifth and sixth months. Before the fifth month the foetus is too light, and after the sixth month it is too closely packed to admit of this test. Ballottement is very conclusive of pregnancy, and especially when corroborated by other signs, but determines nothing as to the life of the foetus.

9. **KIESTEINE IN THE URINE.**—By keeping the urine of a pregnant female a few days, a whitish scum, of a fatty or curdy appearance, forms on the surface, and then gradually breaks up again from decomposition. Kiesteine probably exists in the urine from the first month of pregnancy until delivery, and arises from the excess of nutriment formed in the blood of the mother for the child.

10. **SOUNDS OF THE FÆTAL HEART.**—By applying the stethoscope to the lower portion of the abdomen of either side, usually on the left, about midway between the umbilicus and the anterior superior spinous process of the ilium, the foetal heart may be heard at twice the rate of the mother's, viz., about 140 per minute. The sound has been compared to the muffled ticking of a watch, and the earliest time it can be

heard is the beginning of the fifth month. When the pulsations of the foetal heart are heard, they are the most positive of all the signs of pregnancy. At the same time, the pulsations may be inaudible, and yet the female may be *enceinte*, as the foetus may have died, or the pulsations may be rendered inaudible only for a time.

II. OTHER SIGNS OF PREGNANCY, which we will only name, are: Change of color of the mucous membrane of the vagina to a *dusky, livid hue*, often well marked, and very characteristic; salivation; the *uterine souffle*, caused by the rush of blood through the tortuous arteries of the uterus over the placenta; sharpness of the features; irritability of temper; and, frequently, toothache, and other nervous complaints.

From the foregoing statements the reader will perceive that the diagnosis of pregnancy, especially in the early months, is far from being certain; the evidence is cumulative, no one sign being alone trustworthy, probability rising in proportion to the accumulation of signs. Errors in the diagnosis of pregnancy usually arise from the attention of the observer being restricted to one or two signs only, and omitting to inquire for other and more conclusive ones.

In exceptional cases, it is absolutely impossible for the physician to decide whether a woman is or is not pregnant. It is good sign if your physician is chary of promises, and reserved in his decision in such cases; for it betokens experience and honesty on his part. *Time* will settle the question. L.

II.—GENERAL RULES DURING PREGNANCY.

1. DIET.—The diet should be simple, nutritious, and easy of digestion; it should be thoroughly masticated, and but little fluid should be drunk at meal-times, especially cold, since it retards digestion. It is an error to suppose that ladies require more nourishment in pregnancy than at other times; and large quantities of rich food, taken in the belief that it will contribute to the sustenance of the child, cannot but be productive of baneful consequences. Spices, spiced meat, sausages, and all highly-seasoned food, and late suppers, must be refrained from. Plainly-cooked animal food (once a day), well-boiled vegetables, ripe fruits, and such articles as rice, tapioca, arrowroot, will, if taken in moderation, rarely disagree with the stomach. Pie-crusts, smoked hams, salted meats generally, rich sauces, and every article that has been known to occasion indigestion, must be eschewed. All substances that have a tendency to produce a costive state of the bowels should be especially avoided, and, unless some reason exists to the contrary, brown bread should be eaten in preference to white. Stimulating drinks—wines, ardent spirits, ale, porter, strong tea and coffee, are, as a general rule, hurtful both to the mother and the infant.

2. DRESS.—On this point, the origin of the word *Enceinte*, used to signify the pregnant condition, is highly suggestive. It was the custom of the Roman ladies to wear a light girdle or cincture round their waist; but on the occurrence of pregnancy, this restraint was removed. Hence a woman so circum-

stanced was said to be *incincta* (unbound), and thus the term *enceinte* has been adopted to indicate pregnancy.

It would seem scarcely necessary to make any remarks upon the dress to be worn during pregnancy, were it not that some females, considerably advanced in it, may often lace tightly for the sake of attending public entertainments, or of diverting notice from their condition. At no time should stays be worn, for the simple reason that they are never required. But they should especially be avoided during pregnancy, since a continual and forcible compression of the abdomen while nature is at work to secure its gradual enlargement in order to accommodate the growth of the foetus, must be attended with serious injury to the health of both mother and child. During gestation, the uterus increases on an average from two to fourteen inches in diameter. It must be obvious, therefore, how vain, as well as criminal, must be any effort to contract it, and thus to conceal its enlargement. Palpitation of the heart, indigestion, disease of the liver, and costiveness; difficulty of breathing, spitting of blood, and persistent coughs; enlarged veins in the legs, swellings in the lower limbs, disorders of the womb, deformity of the offspring, and numerous other affections have their origin in tight-lacing; and, finally, if the child be born alive and molded aright, and the mother escape her self-created perils, it may be questioned if compressed breasts and nipples can afford the requisite aliment.

The popular idea that tight-lacing ensures an easy and expeditious labor is fallacious. This expedient

may indeed prevent the child within the womb from becoming very large; but incidentally it is likely to produce harmful results. The tight-lacing of pregnant women is not only ill-advised, but pernicious; for, under these circumstances especially, the greatest care should be taken to avoid an undue or unusual constriction of any portion of the body whatever. L.

The dress should be arranged, as to material and quantity, with the view to comfort and to the season. There must be no pressure on any part; even the garters should be loosely worn. The feet and abdomen must be kept warm, since habitual coldness of these parts predisposes to colic, headache, and miscarriage.

3. EXERCISE.—Exercise is a most important means of retaining good health during gestation, of securing a natural delivery, and of favoring the health of the infant. The most useful kind is, *walking* in the open air; for this calls into action more of the muscles of the body than does any other exercise suited to this condition. Walking-exercise is even more necessary in the winter than in the summer, and produces a much healthier and more lasting warmth than sitting before a fire. Such exercise should, if possible, be taken in the morning before dinner, and be of such a character as to interest the mind as well as to strengthen the body. This will operate most favorably as a preventive of a host of the morbid conditions and feelings which are apt to attend this state. Care must, however, be taken to avoid such a degree of exercise as may induce positive fatigue; such as too long walks, going out in slippery weather, dancing, lifting heavy weights, and all kinds of violent motion, which are

liable to cause haemorrhage, miscarriage, and bearing down of the womb. The passive exercise of riding in a carriage falls short of the object in view, and, on the other hand, riding on horseback exceeds it, besides the danger of fright and accident, to which the incipient mother is then liable. In wet weather, or when it is impracticable to walk out, she should select a large and well-ventilated room, so that the air she breathes may be pure.

As an illustration of the advantages of taking exercise during pregnancy in out-of-door air, and in the broad light of day, we may mention the fact that the number of cretins in the Valais has considerably diminished since the women have adopted the practice of removing from the humid and sunless air of the valleys, and residing during pregnancy on the more exposed and cheerful heights.

It will be plain from the tenor of these general remarks, that lassitude and languor should be striven against and overcome. On this account the pernicious habit of *sleeping after dinner* should not be contracted. Too little sleep is a less evil than is too much. And hence females who pass the interval, or a good part of it, between dinner and tea, on the couch or the bed, generally suffer from a debility which ends in proneness to disease.

4. **GENERAL HINTS.**—Theatres, balls, or exciting public meetings should not be attended; early habits should be formed; all excessive mental emotions, as grief, despondency, anger, and the like, are to be guarded against; the cold or tepid bath should be used daily, following it with vigorous friction; the mind

should be kept tranquil, remembering that parturition is not necessarily attended by great suffering or imminent danger,—these being, in most instances, the penalty inflicted on those who disregard the hints laid down in this section.

Many pregnant women do themselves infinite harm by close and unremitting toil at the sewing-machine, or with the needle, under the plea that they “*must* have the family-sewing, and that for the expected infant, done up before confinement.” And this mischief is frequently wrought without the physician and husband being permitted to know anything about it. All of which is positively wrong. L.

CHAPTER VI.

DISORDERS OF PREGNANCY.

IN a normal state of social life, pregnancy would be a condition comparatively exempt from suffering. In consequence, however, of disorders induced by artificial habits, the excessive use of drugs, constitutional diseases, or accidental causes, this condition is too often accompanied by departures from health; some of which we have described in the following pages, together with the best means for their prevention and removal. The first on the list is

I.—MORNING SICKNESS.

In the early months of pregnancy, most women experience more or less of this; occasionally nausea or vomiting, or both, are very troublesome and persistent symptoms, and give rise to serious concern as to the patient's health, especially in the first pregnancy of delicate women. In such cases professional treatment should be obtained.

SYMPTOMS.—The first intimation of it generally occurs on rising from bed. Before getting up the patient may feel as well as usual, but while dressing will be overtaken by nausea, followed by retching, and perhaps by vomiting. Perhaps it may not occur until

some little time after leaving the apartment, or not till after breakfast, which may be eaten with zest. This disorder may begin almost immediately after conception, of which it is often one of the earliest symptoms; but more frequently it does not commence until after the lapse of two or three weeks, and then continues more or less constantly and severely for three or four weeks, and in some instances till near the time of quickening, or even until confinement. In some rare instances, it does not occur before the last weeks of pregnancy, and is then apt to be severe; in other cases, it is altogether absent during the whole period of gestation.

In some cases this peculiar sickness recurs at evening or during the night. It is not unusual for it to waken the patient at two or three o'clock in the morning, and to pass off as soon as she has eaten something. In this latter respect it resembles sea-sickness, and the rule to eat and keep on the back affords the greatest relief. I have observed that whenever this sickness depends upon either of the forms of displacement of the womb, which are incident to pregnancy (prolapse and retroversion), it is invariably brought on or aggravated during the latter portion of the day, or at night, provided she has been upon her feet. It may sometimes be relieved almost instantly by replacing the womb.

L.

DIAGNOSIS.—Sickness arising from indigestion may be distinguished from that of pregnancy by the former continuing during the whole day, and by absence of appetite after the morning has passed, flatulence, furred tongue, etc.

CAUSE.—The increased action of the nerve-force employed in digestion, to furnish material for enlarged

growth, carried to so high a degree as to disturb the equilibrium of the digestive and assimilative forces. It is most common among the wealthy and inactive. Morning sickness no doubt acts favorably by diminishing that tendency to plethora, or too great fulness in the system, which often attends pregnancy.

TREATMENT.—*Ipecacuanha.*—Great uneasiness about the stomach; vomiting of undigested food, bile, or phlegm; relaxed bowels. Often sufficient in mild and uncomplicated cases.

Arsenicum.—Vomiting after eating or drinking; persistent vomiting, with extreme *weakness*, and emaciation.

Veratrum.—Excessive sensibility of the nerves of the stomach—vomiting being excited by the least quantity of water, by moving, or by sitting up; vomiting with *great debility and tendency to diarrhœa*; attacks of fainting.

Nux vomica.—Vomiting with vertigo, restlessness, and irritability of temper; *waterbrash*, hiccough, sense of weight at the pit of the stomach, and *constipation*, in women of dark complexion. It is supposed to act beneficially by diminishing reflex excitement. When this remedy is indicated it often affords immediate and striking relief, so that the patient will go through the remainder of her pregnancy with comparative comfort.

Pulsatilla.—Symptoms similar to *Nux vomica*, but with tendency to *diarrhœa*, and for fair persons.

Any of the following additional remedies may be employed according to the constitution and symptoms of the patient: *Ant. crud.*, *Kreasotum*, *Conium*, *Ly-*

copodium, etc. *Pepsine* is also recommended as a valuable and potent remedy.

ACCESSORY MEANS.—The simpler modes of treatment are: the regulation of the diet, a change in the times of eating to those hours when the stomach is least likely to be affected, and especially avoiding over-loading the stomach. Cold food will sometimes be retained when hot is rejected. In extreme cases, two or three teaspoonfuls of beef-tea, frequently repeated; or soda-water and milk; or when these cannot be borne, small pieces of ice may be sucked. Sometimes it is better to give up the attempt to afford nourishment by the mouth, and to depend upon injections by the rectum for a day or two.

II.—TOOTHACHE.

Many females suffer with toothache as soon as conception has occurred, and even recognize their condition by this symptom. It is, however, liable to happen at any period during pregnancy. Extraction of teeth is rarely advisable, as Homœopathic treatment will generally remove the pain. A qualified dentist, indeed, usually refuses to remove them for this cause, where it exists alone.

SYMPTOMS.—The pain may attack one or more decayed teeth, or one quite sound, or it may extend along the jaw without affecting any tooth in particular. It is sometimes so intense as to render the patient temporarily delirious.

TREATMENT.—*Aconitum*.—Great restlessness, and throbbing pains in the face, with dry burning heat,

aggravated by all kinds of stimulants. A lotion, made by adding a few drops of the strong tincture from the root, to a little water, may often be applied locally with almost immediate relief.

Belladonna.—Determination of blood to the head, in addition to toothache, and great irritability of the nervous system; the pains are worse at night, and are throbbing, digging, or piercing, often occurring in alternation with intense headache.

Mercurius.—Pains in *decayed teeth*, extending into the head; swelling of the glands. This is an excellent remedy in numerous affections of the teeth and gums, and has been, perhaps, more frequently and successfully used in domestic practice than any other remedy.

Chamomilla.—Insupportable pains, almost driving the patient to despair; heat and redness, especially of one side of the face.

Kreasotum.—This is very valuable for toothache from *decayed teeth*, and not only relieves the pain, but tends to arrest the progress of the decay.

Calcarea, *Bryonia*, *Nux vomica*, *Pulsatilla*, and *Staphysagria*, have also been used with great advantage in various forms of this disorder.

Administration.—In severe cases a dose every fifteen to thirty minutes. If the pain is not relieved after three or four doses, another remedy should be selected. In milder cases, a dose every three or four hours.

ACCESSORY MEANS.—Cold, damp air, coffee, stimulants, and indigestible food should be avoided; also subjecting the teeth to opposite extremes of tempera-

ture, as taking very hot food, or, on the other hand, iced beverages.

III.—PALPITATION OF THE HEART.

Pregnant females of a delicate constitution and nervous temperament often suffer from attacks of palpitation. By some it is experienced immediately after conception, by others at the period of quickening, by others again, towards the end of pregnancy.

CAUSES.—Excessive nervous sensibility; deranged digestion; the movements of the foetus in the womb.

TREATMENT.—*Moschus.*—Nervous palpitation, with faintness.

Aconitum and *Belladonna*, in alternation, if the complaint is connected with a plethoric condition of the system

Cactus grand.—Nervous palpitation, whether recent or chronic. It is a most valuable remedy in many affections of this organ.

Pulsatilla or *Nux vomica*.—A few doses of one of these remedies may be advantageous in palpitation from indigestion, flatulence, etc.

ACCESSORY MEANS.—Derangements of the digestive organs should be guarded against; also everything that tends to occasion mental anxiety and excitement.

IV. — HEARTBURN.

This complaint often occurs during gestation, and may be generally traced to taking more food than the stomach can digest, frequently from the mistaken idea

that the patient now requires more food than at any other time.

SYMPTOMS. — A burning sensation up the throat, and sometimes spasm of the stomach, generally attended with frequent eructations of an acid or tasteless watery fluid, when it is termed *waterbrash* or *pyrosis*.

TREATMENT. — *Nux vomica*. — This remedy will generally be found efficient in removing these symptoms, and should be administered three or four times daily for several days, or until better.

Pulsatilla. — If the patient is of a mild, timid disposition, with a tendency to diarrhoea, this remedy may be preferred to the former, and administered in the same manner.

Carbo veg. — Acid, acrid eructations, with flatulence, and usually constipation, or sometimes diarrhoea.

Byronia or *Sulphur*, if the former remedies only afford partial relief.

ACCESSORY MEANS. — The diet should be restricted, avoiding a too exclusive use of vegetables; all pastry, stews, twice-cooked meats, hot-buttered-toast, raw or half-cooked vegetables, and everything that is rich and indigestible, must be excluded from the dietary list.

V. — COLIC.

Spasm, from flatulent distension of the bowels, is apt to occur during pregnancy, owing to cold or improper diet. It generally affects the large intestines.

TREATMENT. — *Colocynthis.* — This remedy is suited to the severest as well as the milder forms of the disease.

Chamomilla. — Colic associated with a relaxed state of the bowels, tearing pains around the navel, and impatience and irritability.

Nux Vomica. — *Spasmodic, flatulent colic*, with constipation, or alternate constipation and relaxation.

ACCESSORY MEANS. — During the violent pains of colic, hot applications are useful. A pint or a pint-and-a-half of tepid water, boldly injected up the bowel by an enema-syringe, and repeated if necessary, is almost invariably and immediately successful. Persons subject to colic should wear a piece of flannel around the abdomen during the day, and keep the feet warm and dry.

VI. — DIARRHŒA.

Diarrhœa is not so frequent in pregnancy as constipation, but, as previously stated, is far more prejudicial. If it is very severe and continues long; it is apt to induce abortion.

CAUSES. — Nervous irritation, induced by pregnancy; cold, to which females in this state are very liable; disease of the mucous membrane of the bowels. Diarrhœa sometimes follows conception so closely, that the patient has her attention first drawn by it to her condition, and it may return regularly every month, as though it were vicarious of menstruation.

TREATMENT. — *Pulsatilla.* — Slimy, greenish, and watery stools, preceded by colicky pains, the

mouth being clammy and bitter, without thirst; especially if the patient has chills, and the diarrhœa mostly occurs at night.

Dulcamara. — Diarrhœa occasioned by cold or wet, especially if the motions are greenish or mucous, and preceded by colic.

Chamomilla. — Yellow or green stools, bitter taste in the mouth, thirst, bilious vomiting, sharp pains in the stomach or bowels; flatulence.

Mercurius. — Greenish discharges, with much straining.

Sulphur. — Chronic diarrhœa.

Calcarea. — This is particularly required if the diarrhœa continues in spite of the medicines before recommended.

Bryonia, China, Ipecacuanha, Camphor, and Antimonium crud., are other remedies.

Administration. — A dose every three or four hours; when better, or in chronic cases, morning and night.

ACCESSORY MEANS. — In cases of protracted diarrhœa, the surface should be kept warm with flannel; a flannel roller round the abdomen often gives great relief. Night air, late hours, stimulants, and excesses of every kind should be avoided. Food should be light, and taken cool or cold, and only in small quantities at a time. The most suitable variety is fluid food, especially milk and lime-water, or milk and soda-water. Restricting a patient solely to this diet, for two or three days, or longer, is often alone sufficient to cure all sorts of diarrhœa not dependent on a permanent chronic cause; and even where there is such

a cause, much temporary benefit is gained (*Chambers*). The reason why a fluid diet like the above is so advantageous in diarrhœa, is, because it is both highly nutritive and does not require a perfect condition of the digestive organs to absorb it.

VII. — CONSTIPATION.

Constipation is a frequent attendant on pregnancy, especially in ladies who live in towns and lead a sedentary life. Although constipation is generally far less injurious than a too relaxed state of the bowels, it should be remedied as far as possible.

CAUSES. — Constipation in pregnancy is generally referred to the pressure of the enlarged womb upon the bowels; but it is often due to their torpor, consequent on the preponderating current of nervous and vascular energy towards the womb.

TREATMENT. — *Nux vomica*. — This remedy is indicated when there are, — indigestion, a sensation as if the lower bowel were closed, with frequent and ineffectual urging to stool. It is still further indicated in persons of a hasty and vehement disposition, or when too little out-of-door exercise is taken.

Byronia. — Constipation from torpor of the bowels, especially in warm weather, with determination of blood to the head, and great irascibility of temper. It is often useful in obstinate cases.

Hydrastis canadensis. — Simple constipation.

In chronic cases a short preliminary course of *Sulphur* is recommended.

ACCESSORY MEANS. — Daily out-door exercise; a

tumbler of fresh spring-water taken either on going to bed or on rising in the morning; the sparing use of animal food, and the free use of vegetables, ripe or preserved fruits, *brown bread*, oatmeal porridge, etc., and the hip-bath, as recommended pages 15-18. When the bowels remain for many days unmoved, and there is in consequence uneasiness, an enema of chilled water at 68° may be had recourse to. The appropriate medicine need not be discontinued on this account, for although the bowels are moved by this mechanical assistance, their torpidity still remains to be cured. We must not omit to recommend the wet compress for the abdomen, described in the section on "Piles," as a most valuable remedy for inactivity of the bowels.

VIII. — PILES (*Hæmorrhoids*).

Piles, probably the most frequent disease of pregnancy, are by no means peculiar to that condition; but some ladies suffer from them who do not at any other time. *External* piles seldom give rise to bleeding to any great extent, while *internal* piles often bleed profusely.

CAUSES. — The chief cause is, pressure of the enlarged womb upon the vessels of the pelvis obstructing the circulation; minor causes are, mechanical pressure of the contents of the bowels in constipation, acrid diarrhœa, etc.

TREATMENT. — *Aconitum*, *Aloes*, *Bryonia*, *Coccus*, *Ham. virg.*, *Ignatia*, *Nux vomica*, *Pulsatilla*, *Sulphur*, etc.

Nux vomica and *Sulphur*.—In the majority of cases, the alternate use of these medicines will afford marked relief, especially in persons who have indulged in coffee, or stimulating drinks, or who lead an inactive life, and when there are alternate constipation and diarrhoea, frequent protrusion of the lower bowel, pain in the small of the back, painful urination, with aggravation of the symptoms after meals and during mental labor. A dose of *Nux vomica* at night, and one of *Sulphur* in the morning, for one or two weeks.

Aloes.—Hæmorrhoids attended with bilious derangement or torpor of the liver, and profuse discharge of blood, which feels hot and is dark-colored. It may be administered in alternation with *Sulphur*, or it may precede or follow the use of that remedy.

Aconitum.—Often useful to commence the treatment with, when there are sensations of fulness, heat, inflammation, and throbbing in the anus and small of the back, and discharges of bright-red blood. A dose every fourth hour, for one or two days, to be followed by some other suitable remedy.

CHRONIC PILES require one or more of the following remedies, which will be most advantageously administered twice or thrice daily, in the intervals between the attacks: *Calc. carb.*, *Carbo veg.*, *Nit. Ac.*, *Ars.*, *Phos.*, *Lyc.*, and *Sulph.*

ACCESSORY MEANS.—In *external* piles, Dr. Norton remarks, great comfort will be found by applying cotton wool to the part; it requires no bandage to keep it in its place, and can be renewed as often as required. In *internal* piles, half-a-pint to a pint of

water injected up the bowel in the morning has often a most salutary effect; it constricts the blood-vessels and softens the faeces before the accustomed evacuation. An india-rubber syringe, with an ivory tube, should be used, it being much more efficient, and less liable to injure the part, than glass. If the tumors are too painful to permit of injections, the parts should be washed with tepid water; if they are much swollen and extremely tender, the patient should sit over the steam of hot water, or foment the parts with moderately warm water. When the inflammatory symptoms have subsided, washing the parts with cold water, and cold injections, will do much good.

THE ABDOMINAL WET COMPRESS. — This is made of three or four thicknesses of coarse linen cloth, to fit the individual, so as to cover the whole abdomen, including the liver and spleen, and extend down to the pubes. This is to be wrung out of cold water, covered with oiled-silk or india-rubber cloth, to prevent too rapid evaporation, and secured by three broad tapes round the hips and waist. The compress should fit as closely as possible, so as to avoid displacement, otherwise air enters between it and the skin, and cold, instead of a moist heat, is produced. The best time for wearing it is during the night; and when taken off in the morning, the part which has been covered should be sponged with *cold* water. "The wet compress," says Dr. Baikie, "is equally applicable to all uterine diseases, and indispensable in most." This gentleman also prescribes it in various affections

of the throat, and in chronic constipation and dyspepsia.

Cold sitz-baths are rarely admissible in piles, as they increase local congestion by the reaction they occasion, and should not be used except by medical advice.

THE DIET.—In piles this should be moderate, unstimulating, and easy of digestion. Coffee, peppers, spices, the excessive use of animal food, and all stimulating beverages, should be avoided. A liberal quantity of vegetables and ripe fruits is recommended. Bread made from unbolted flour is inadmissible. On this subject, Dr. Baikie, in a communication to the writer, makes the following remarks: “Bread from unbolted flour is both wholesome and nourishing for those accustomed to it from infancy; and to people suffering from simple constipation, without piles, its occasional use, instead of physic, is most desirable. But in all cases of piles, or when the rectum is irritable, the mechanical action of the spiculæ of bran is most injurious, and sure to produce aggravation.”

IX.—INCONTINENCE OF URINE.

The bladder is frequently affected in pregnancy. The patient is tormented with a frequent and painful desire to urinate, which, if not immediately gratified, may result in an involuntary discharge of urine. If the patient has a cough, the inconvenience will be greatly increased, as each paroxysm will be likely to allow the urine to escape. In many cases this condition is very distressing; the constant discharge excoriates the parts more or less, so that the patient can only

move about with pain; whilst at the same time an offensive urinous odor is exhaled from the person.

TREATMENT. — *Pulsatilla*. — Incontinence in feeble, sensitive patients, of gentle and timid dispositions. There is frequent desire to urinate, with spasmodic pain in the neck of the bladder, and watery urine. A dose every four hours.

Nux vomica. — This remedy is useful in females of an opposite disposition, with similar symptoms.

Cantharis. — Great irritation of the bladder, with irresistible desire to urinate, and discharge of only a few drops of scalding or acrid urine.

Belladonna. — Relaxation of the neck of the bladder, and consequent inability to retain the urine. The emissions are copious, frequent, and the urine pale and watery, or yellow and turbid.

Cannabis — Involuntary emissions, from irritation of gravel or sand in the bladder.

ACCESSORY MEANS.—See the next section.

X.—RETENTION OF URINE.

This, the opposite condition to the former, may arise from similar causes, and be met by pretty nearly the same remedies. It requires prompt attention, as the pressure of the over-distended bladder upon the uterus may occasion serious inconvenience.

TREATMENT.—The principal remedies are—*Cantharis*, *Aconitum*, *Belladonna*, *Nux vomica*, *Camphor*.

Cantharis. — Urging to urinate, with cutting and tearing pains.

Nux vomica.—Painful ineffectual desire to urinate, with discharge, drop by drop, especially in persons accustomed to the use of wines and spirits. This remedy will often enable the bladder to recover its contractile power.

Aconitum.—Retention, with *inflammatory symptoms*; congestion to the head, redness of the face. It may be alternated with, or precede *Cantharis*.

Camphor.—A valuable remedy in *spasmodic* retention, at the commencement of the difficulty, and when but little fever exists. Coldness and shivering are further indications for this remedy. It is best administered on loaf-sugar, two drops every fifteen minutes for three times.

Administration.—Except the tincture of *Camphor*, a dose of the selected remedy every one to four hours, according to the urgency of the symptoms.

ACCESSORY MEANS IN URINARY DIFFICULTIES.—The patient should make regular efforts to pass water; and if she fail in her endeavors, the catheter may be introduced at certain intervals until the medicines shall have restored the functions of the bladder. If the retention should arise from an accidental delay in not at once satisfying the call of nature, a single introduction of the catheter will generally remove the difficulty. Often, however, the use of the catheter is entirely superseded by one or more of the medicines just recommended, or even by the following measures. The sudden application of a towel to the bowels, after immersion in cold water, causes an immediate contraction of the bladder, and consequent discharge of urine. Sometimes the alternate application of a hot and cold

wet towel is speedily successful. Fomentations, and injections of water into the bowel or vagina, afford great relief, and often supersede the use of the catheter. The diet must be sparing, and in severe cases be restricted to gruel and demulcent drinks—barley-water, gum-water, linseed-tea, or simple cold water. All acid drinks must be avoided, and everything that is very salt.

XI.—ITCHING OF THE GENITAL PARTS. (*Pruritus vulvæ*).

SYMPTOMS.—An aphthous efflorescence, similar to the thrush of infants, incrusts the inner surface of the labia and adjacent parts in this disease; sometimes the affection penetrates to a considerable depth in the direction of the womb. In other instances, the aphthous condition is not present, but, in place of it, there is a great deal of irritation of the same parts, which assume a copper color, and present a number of slight abrasions. From the whole of the parts laboring under this peculiar irritation, a vitiated watery discharge seems to be almost constantly oozing, the accumulation of which is attended with the most indomitable itching. This disease is not confined to pregnancy, but may attack a female at any time; she is, however, most liable to it during gestation, and at the decline of the menses (*Williamson*).

This pruritus sometimes causes miscarriage, and ought not, therefore, to be neglected. It is more liable to occur in women who have had leucorrhœa, or perhaps some slight but persistent trouble with the urin-

ary function. In others it is a concomitant of the sore-mouth which may exist during pregnancy, or lactation, or both. In rare cases, this affection may alternate with other diseases, as for example, inflammation of the eyes.

L.

CAUSES.—The increase of fluids in this part in the early months of pregnancy, when it is not infrequently experienced; any conditions leading to congestion of the generative organs, as inactive habits, too much sitting, especially if combined with too high living, or the use of stimulants; at times it is owing to an aphthous form of inflammation of the mucous membrane of the vagina. A want of proper cleanliness, also, is, no doubt, a frequent cause of this distressing complaint. Disorders of the digestive organs,—constipation, piles, etc., are frequently associated with this condition.

TREATMENT.—*Aconitum*.—If the parts are very much congested, and the mucous lining of the vagina looks as if engorged with blood.

Mercurius.—If the case be of the aphthous variety, after *Aconitum* has been administered for a day or two, it may be followed by *Mercurius*, a dose of which may be administered every four hours for several days.

Sepia.—Inflammation and swelling of the labia; corrosive leucorrhœa, with bearing-down, itching, and excoriation of the parts. A dose thrice daily.

Other remedies often required: *Ars.*, *Stan.*, *Bell.*, *Lyc.*, *Sulph.*

ACCESSORY MEANS—Local treatment is generally necessary. Frequent and thorough ablutions of the

external parts with tepid or cold water are very desirable for the comfort of the patient, and, at the same time, conducive to her recovery. The *hip-bath*, described in another part of this manual (see page 15), used several times daily during an attack, and persevered in afterwards once a day, will be found very efficient in aiding the cure, and of preventing this troublesome affection. Temporary relief may be obtained by a solution of borax in water, applied two or three times a day to the parts; but the above remedies and measures can alone be relied on for a permanent cure.

Other expedients are sometimes permissible and useful. Thus a tablespoonful of Cologne water may be put into a teacupfull of warm water, and cloths which are moistened with this mixture applied directly. Scanzoni extols a liniment composed of chloroform two parts and almond oil thirty parts. Others have used a mixture of melted lard and chloroform. L.

XII.—CRAMPS.

Pregnant females are very liable to cramps or irregular pains in the abdomen, loins, calves of the legs, and feet, especially about the fourth and fifth months, and towards the end of gestation.

CAUSES.—The efforts made to support the increasing weight of the abdomen, and to maintain the equilibrium of the body, which call into increased use certain nerves and muscles, probably account for these sufferings.

TREATMENT.—*Veratrum*.—Cramps in the calves of the legs and feet.

Nux vomica.—Cramps associated with nervous or dyspeptic symptoms.

Rhus tox.—Aching-pain from effort or fatigue, principally affecting the lumbar regions.

In our observation nothing has given such signal relief to these cramps as the internal and local use of *Camphor*.
L.

Administration.—A dose every one, two, or three hours, according to the severity of the symptoms.

XIII.—VARICOSE VEINS.

A dilation of the veins of the legs, causing the legs to become swollen and painful, and preventing the patient from taking the necessary walking exercise, is a frequent accompaniment of pregnancy.

SYMPTOMS.—The enlarged veins are most frequent on the leg below the knee, but the veins of the thigh are also liable to be involved; in some cases the veins of the labia majora, the vagina, and even of the os uteri become varicose. Both limbs may be equally affected, but when the womb is more inclined to one side than the other, the corresponding limb will be affected most. Sometimes the foot becomes quite purple, from the congestion of the minute vessels, and the veins in the thigh and leg acquire an enormous size. The veins get larger when the patient is much on her feet, or allows the limb to hang down, but decrease in size during rest and the horizontal posture.

CAUSE.—Pressure of the enlarged womb upon the *iliac* and *inferior cava*, and so obstructing the return of blood from the parts below. It is most frequent

when the uterus is too low, when the person is very heavy, and in those who have borne many children. As the derangement is caused by the pressure consequent on pregnancy, after delivery the veins soon regain their usual size.

TREATMENT.—*Pulsatilla*.—Enlargement of the veins, causing swelling of the limbs; the veins are of a bluish color, painful and inflamed.

Nux vomica.—Varices, with enlargement of the abdomen, haemorrhoids, constipation, and frequent bearing-down pains.

Hamamelis virg.—In severe cases, with profuse bleeding. A dose every two or three hours. *External* treatment is also necessary. The limb is to be bandaged from the toes to a little above the knee, or to the hips if the disease extends above the knees; beneath this bandage, compresses of linen should be laid over the enlarged veins, and kept wet with a lotion, prepared by adding one part of the pure tincture of *Hamamelis*, to four parts of water.*

Arnica, both internally and externally, may sometimes be used instead, if the limbs or veins feel sore, and the circulation has been long impeded.

Belladonna, *Arsenicum*, *Lycopodium*, and *Sulphur*, are also useful under certain conditions.

ACCESSORY MEANS.—A bandage, about two and a half inches in width, should be applied when there is least swelling, commencing at the foot and proceeding upward with a gentle and equal pressure; this will be found very useful in recent cases, but less so in those

* Or with the “Distilled Extract of Hamamelis.”

of long continuance. The best support, however, is that obtained from an elastic silk stocking, which will draw on like an ordinary stocking. To ensure its fitting the foot and leg, it should be made to measure. All ligatures, such as garters, must be removed. Rest, in the recumbent posture, or the limb kept in a horizontal position, is necessary in severe cases.

XIV.—SWELLING OF THE EXTREMITIES (*Œdema*).

In advanced pregnancy, women often suffer from a puffy swelling of the ankles, and sometimes of the thighs, or even of the external genital parts. Change of posture has great influence upon the swelling of the legs; in the morning it is but slightly perceptible, but during the day it increases, and towards night it is at its greatest degree.

TREATMENT.—*Arsenicum*.—Œdema with much debility, weakness, and prostration; feeble and irregular pulse, and coldness of the extremities.

China.—Dropsy occasioned by loss of blood, diarrhoea, or dysentery.

Ferrum.—Œdema depending on an anæmic or chlorotic condition.

Administration.—A dose three or four times daily.

ACCESSORY MEANS—Rest in the recumbent posture often lessens the inconvenience. See “Varicose Veins.”

XV.—VERTIGO AND HEADACHE.

Another derangement not uncommon to this period is Vertigo or Giddiness. In the early months it is

generally of a nervous character; at a later period it frequently arises from plethora.

SYMPTOMS.—The following are generally present: variable, capricious, or diminished appetite; dimness of sight; disposition to fall forward; a feeling of weight on the top of the head or back of the neck; palpitations; nervous tremblings, etc. In most cases the symptoms are worse in the morning.

TREATMENT.—*Aconitum*.—Giddiness as if intoxicated, on rising from a seat, faintness on rising from a recumbent posture, with dimness of vision, heavy pressive pains on the top of the head or in the forehead, redness of the eyes, intolerance of light, dark spots before the eyes, scanty urine, etc. Especially suited to plethoric women of florid complexion and nervous temperament.

Belladonna.—Rush of blood to the head with staggering and trembling; buzzing in the ears; violent throbbing of the arteries of the temples; sparks before the eyes, double vision, intolerance of light and noise; disinclination to move.

Nux vomica.—Constipation; suppressed or scanty urine; bitter, acid, or insipid taste; the symptoms are worse in the morning and better in the open air. It is chiefly suitable for irritable persons, of sedentary habits, or who take wine, coffee, etc.

Opium.—Drowsiness, imperfect sleep, heavy breathing, giddiness, with stupidity or illusion of the senses.

Other remedies to select from are: *Pulsatilla*, *Sepia*, *Platina*, and *Sulphur*.

Administration.—A dose every two or three hours;

in mild cases, or during improvement, morning and night.

ACCESSORY MEANS.—Regularity in meal-time, avoidance of stimulating food and drinks, especially spirits, strong tea, coffee, etc. The daily action of the bowels should be promoted by such measures as are prescribed under “Constipation:” and further, a sufficient amount of recreation should be taken every day in the open air.

XVI.—MELANCHOLY, FEAR, ETC.

Fear, anger, joy, grief, etc., operate powerfully upon the heightened susceptibility of the pregnant state, and may affect both the mother and child unfavorably. A morbid dread, causing the sufferer to view events through a darkened and distorted medium, may produce trembling of the body, weakness of the limbs, alarming dreams, nightmare, nervous irritability, leading her to despair of life, and even to wish that it were extinct. Injudicious friends often aggravate this morbid state of feeling, by recounting accidents and unpropitious results of pregnancy which probably never occurred. Such thoughtlessness cannot be too strongly deprecated. The statements are, as hinted, almost always untrue, but they may appear so real to the patient as to operate powerfully on her mind, and thus produce the most serious results. Everything should be done—not to agitate her mind, but to calm and assure it.

TREATMENT.—*Aconitum.*—Palpitation and ex-

citement from fear and apprehension; restlessness and anxiety.

Pulsatilla. — Melancholy and tears; headache; heartburn, and uneasy feeling at the pit of the stomach; a multitude of cares oppress the mind. In such cases, *Pulsatilla* often produces a satisfactory change in the whole system.

Opium. — If anxiety, oppression of the chest, tremblings, etc., have been produced by a sudden *fright*.

Chamomilla. — From violent *passion*.

Coffea. — From *sudden joy*.

Ignatia. — From sudden or long-continued *grief*.

Administration. — In sudden attacks, a dose every half-hour or hour, for two or three times; in slight cases, two or three times daily.

ACCESSORY MEANS. — Useful occupation, combined with out-of-door exercise, and cheerful company or books.

XVII.—HYSTERICAL AND FAINTING FITS.

These are not frequent accompaniments of pregnancy, except at the period of quickening, and in weakly and delicate females. The fits are far from being serious, except when associated with organic disease of the heart. If they occur towards the end of pregnancy, they may render convalescence after parturition more tedious than it would otherwise be. They are also unpleasant occurrences at the time of labor.

SYMPTOMS. — These differ greatly from epileptic fits, as there is no choking noise in the throat, or biting of the tongue. (See the section on “Hyste-

ria.") There is a sensation of languor, with disposition to yawn; everything appears to turn round; the sight becomes defective, the face pale, with buzzing and ringing in the ears; the patient sighs and becomes insensible.

CAUSES. — A weakened state of the system, from diarrhoea or other discharges; prolonged sleeplessness; intense toothache; anger or fright.

TREATMENT. — *Moschus.* — Sudden faintings, with vertigo, or tendency to hysteria, spasms, etc.

Camphor. — Fainting fits with chilliness.

Veratrum. — Fainting associated with prolonged diarrhoea and sickness.

China. — Fainting from debilitating discharges.

Ignatia. — If the patient is feeble, melancholy, and ready to weep upon trivial provocation.

Chamomilla. — If a fit of passion has occasioned the affection.

Nux vomica. — If the patient takes too little out-door exercise, or suffers from constipation.

Pulsatilla. — If the patient is of great nervous susceptibility, with a disposition to shed tears.

Administration. — During a fit, a dose of the selected remedy every ten or fifteen minutes; afterwards, every three or four hours.

ACCESSORY MEANS. — The exciting cause must, if possible, be removed, and the patient strictly adhere to the dietetic and general rules as recommended in the third section of the introductory chapter.

XVIII.—PAIN AND TENSION OF THE BREASTS.

Some women are troubled with a pricking, or acute pain in one or both breasts; the pain may become exceedingly troublesome, constant, or recur in paroxysms; generally there is no fever, although excessive suffering may cause sleeplessness and want of appetite.

CAUSES. — Sympathetic irritation in the breasts, through pregnancy, which determines a flow of blood to those organs; compression of the breasts with stays, etc.

There are those who suffer from swelling and hardening of the breasts whenever they menstruate. Painful and protracted menstruation is very apt to be accompanied by this symptom. Sometimes it results from the presence of some foreign growth in the womb, or from enlargement of the ovaries, as in ovarian dropsy. More frequently it is incident to pregnancy, in which case it may become so severe in degree as indirectly to induce abortion.

L.

TREATMENT. — *Bryonia* is the most important remedy, especially when there is a pricking sensation without inflammation.

Belladonna. — Erysipelatous redness, heat, and hardness.

Administration. — A dose thrice daily for three or four days.

ACCESSORY MEANS. — No tight articles of dress should be worn.

The application of a thick layer of cotton batting to the breast, and worn for some time consecutively, will afford great relief; or, anoint the breast with a mix-

ture of Tinct. of Hamamelis and Sweet Oil, in the proportion of one part to ten, or of Chloroform one part, and Glycerine twenty parts. L.

XIX. — ABORTION — MISCARRIAGE.

When the expulsion of the foetus occurs in the early months of pregnancy, it is termed abortion; after about the sixth month, miscarriage. The words are, however, often used synonymously. When miscarriage has once occurred, a predisposition to it is engendered in subsequent pregnancies, and especially at about the corresponding period. The treatment should, if possible, be confided to a Homœopathic practitioner. Abortion or miscarriage must be regarded as a very serious evil; it not only deprives the mother of the product of her pregnancy, but often places her health and even life in peril.

SYMPTOMS. — These may be grouped under three stages:

1st. *Slight Symptoms of Miscarriage.* — A feeling of indisposition to exertion, depression, weakness and uneasiness at the bottom of the back and at the lower part of the abdomen, and other symptoms resembling those which often precede menstruation.

2nd. *Symptoms directly threatening miscarriage.* — Slight and increasing discharge of blood; cutting pains in the loins and abdomen, recurring in paroxysms, and with increasing intensity.

3rd. *Miscarriage.* — The pains become severe, and recur at regular intervals; there are bearing-down, serous discharges, and expulsion of the foetus.

CAUSES.—The most frequent *exciting* causes are the following: *Over-reaching*; falls and blows; taking a *false step* in going up or down stairs; lifting heavy weights; *long walks*; horseback exercise, or riding in carriages over rough roads; dancing; late hours; *tight garments*, especially such as exert undue compression upon the abdomen; indigestible food; purgative drugs, especially such as operate directly upon the uterus; violent mental emotions, as anger, grief, fright, etc. Also all circumstances which immediately or remotely excite abnormal contractions of the uterus, and thereby produce expulsion of its contents.

To which add, excessive care from nursing the sick; exposure to malignant scarlatina, diphtheria, small-pox, or typhus fever; attacks of dysentery, and cholera morbus; uterine dislocations in the early months; and too frequent sexual indulgence.

L.

The *predisposing* causes are: Feebleness of constitution; too slight an attachment of the embryo to the womb during the early part of pregnancy; profuse menstruation; too great *rigidity* of the uterine fibres, and an *unyielding* condition of the walls of the womb, which opposes too much resistance to the expansion which that organ ought to undergo; a relaxed condition of the uterus or of the neck of the womb; long-continued leucorrhœa; acute diseases, particularly those of the uterus and abdominal viscera; want of sufficient healthy exercise, by which the vigor of the entire system is maintained unimpaired.

One of the strongest predisponents of abortion, is the return of "the month." Just at the time the

pregnant woman should have menstruated, she will be a thousand times more likely to miscarry than at any other period. For this reason, and throughout pregnancy, whenever the month comes round, she should be especially careful and quiet for some days. This one precaution may be sufficient to cure what is improperly styled the *habit* of aborting. L.

TREATMENT. — Homœopathy possesses such effective remedies for averting miscarriage, even in very unfavorable cases, or, where miscarriage is inevitable, of preventing its injurious effects to the constitution, that none need despair of a fortunate result. The following are a few of the remedies to be used according to the indications present:

Secale. — Severe forcing-pains, with discharge of dark blood at each pain; and when the patient has been previously affected by painful menstruation; also after miscarriage.

Sabina. — Miscarriage from irritation, especially at about the third or four month, even if labor-pains and a discharge of blood have set in.

Crocus. — Profuse discharge of blackish clotted blood.

Ipecacuanha. — Flooding of bright-red blood, with nausea and tendency to faintness. Also useful in preventing miscarriage when the patient first experiences pressure downward, sickness, coldness, etc.

Administration. — A dose every one to three hours, according to the urgency of the symptoms.

ACCESSORY MEANS. — Immediately after a patient has had the least "show," she should lie down in a cool, well-ventilated room, on a sofa or hair mattress, and maintain that position till all symptoms of mis-

carriage have disappeared. Merely resting the legs and feet is quite insufficient. In cases, however, in which miscarriage is only apprehended, it is not necessary to restrict the patient wholly to the recumbent posture; gentle and moderate out-of-door exercise is necessary, as entire rest weakens the constitution and augments any existing predisposition. Sexual intercourse must be avoided; also coffee and all kinds of drink that occasion flushings, excitement, etc.

TREATMENT AFTER MISCARRIAGE.—*China* will generally be found advantageous in restoring the enfeebled system after miscarriage. A dose four times a day for a day or two.

Pulsatilla.—This remedy is very useful in restoring the tone of the uterine organs. It may be given thrice daily for a week or two.

See also the chapter on “Menstruation too Profuse.”

The patient should be kept quietly in bed, and the same care be taken of her by the nurse as if she had gone through with labor “at term.” The nine-days’ rule is just as applicable in the one case as in the other. One reason why there are so many dilapidated, broken-down women in community, is, that these patients are allowed to get up and go around almost immediately the womb is emptied of its contents; as if it could fold upon itself and recover from the shock without the necessary time and repose of the organ. Perhaps one-half the cases of uterine displacement are due to this cause alone. L.

PREVENTIVE REMEDIES.—Where a predisposition to miscarriage exists, the following treatment should be commenced as soon as the person is known to be pregnant, and continued for two or three months.

Actaea Rac.—This is one of the best remedies for

preventing miscarriage, the tendency to which it not only corrects, but, administered for some time before parturition, is said to facilitate that process.

Secale, Sabina, and Calcarea are also valuable remedies.

Administration. — A dose morning and night.

GENERAL PREVENTIVE MEASURES.—When, from delicacy of constitution or a previous miscarriage, there is reason to apprehend its recurrence, every attention should be directed towards maintaining as vigorous a state of constitution as possible. The diet should be good and liberal, but restricted to wholesome and digestible kinds of food. Open-air exercise should be taken for two or three hours a day, if it can be done without fatigue. A hair mattress is the proper kind of bedding to sleep upon, and cold or tepid sponging should be practiced night and morning, whether in summer or winter. Sometimes a *hip-bath* should be conjoined with the sponging. The patient should sit in the bath, about half filled with water, for about three or four minutes, on rising in the morning. Whilst in the bath, the water should be dashed upon the stomach and back, with the hand, or by means of a sponge. After the bath, the body should be rubbed with a strong rough towel, until the skin becomes red. (The hip-bath is more fully described on page 15). When there are distinct threatenings of miscarriage, the patient must strictly confine herself to the recumbent posture, even for weeks, should it be necessary; and especially after miscarriage has taken place, must she retain that position for at least several days. We must insist on the necessity for allowing the uterus a period

of rest, which is equally necessary after an abortion, and after an ordinary labor; in many cases, the habit of abortion is only to be broken through by enforcing a separation of the husband and wife for some months, during which time efforts are to be used to reduce the uterus to its normal size and to its natural condition (*Dr. Graily Hewitt*). Along with the repose of the body here recommended, a quiet and tranquil state of mind, should, as far as possible, be maintained. During the whole term of pregnancy, *hot* drinks, especially hot tea, should be avoided (*Norton*).

CHAPTER VII.

LABOR.

I.—CALCULATION OF THE TIME OF LABOR.

THE following table will be especially valuable to the newly-married lady, who, through delicacy, might hesitate to seek advice on a subject of great importance and interest. Much time may be saved, often great anxiety avoided, and timely medical and other attendants secured, by ability to approximate in reckoning to the hour of solicitude and hope.

The period of pregnancy, from conception till confinement, is calculated at ten *lunar* months, or forty weeks, which amount to 280 days. It is sometimes reckoned at nine *calendar* months, that is, 273 days, or 39 weeks; probably, however, forty weeks is the safer reckoning. When the date of conception is known, the reckoning begins from that day. If that be not known, then the calculation must commence from the last monthly period. If the time of the last monthly course cannot be remembered, then that of *quickening*, or when the movements of the child are first perceived, must be made use of. Although in women sexual connexion is not confined to the time when the ovarian follicles burst, yet it is an old observation, confirmed by the experience of some of the

most eminent modern accoucheurs, that conception is more likely to occur within a few days after the cessation of the menstrual flux than at other times; and hence some medical men reckon the duration of pregnancy at nine months and eight days from the last menstrual period.

Ladies who make use of the annexed table, should bear in mind that the period of pregnancy is slightly altered by the age of the parties concerned; the fact being fully and undeniably proved, *viz.*, that the younger the husband and wife, the shorter the term of utero-gestation; and *vice versa*, as age increases, the term of gestation is proportionably lengthened, (*Clay*).

Dr. Clay states that he once witnessed a curious experiment in reference to this subject, on the eggs of domestic fowls. Poult eggs can be easily distinguished from those of hens of three or more years old. A certain number of them were placed under a young hen, and an equal number of eggs from older fowls under an old hen. The result was, that every chick had escaped its shell from under the young hen at least twenty-four hours, some even as much as thirty-six, sooner than those of the old hen. This difference is very remarkable in so short a period of incubation. He infers from this, and other circumstances, that the duration of the gestative period is far more definite than has hitherto been supposed, and that where the circumstances are similar, the result as to the length of term is very nearly the same. In maintaining that utero-gestation is definite and regulated by age, the age is not to be calculated by that of the mother alone, but by the combined ages of both parents.

CALENDAR INDICATING THE THREE PERIODS OF GESTATION.

<i>Concep.</i>	<i>Quick.</i>	<i>Labor.</i>	<i>Concep.</i>	<i>Quick.</i>	<i>Labor.</i>
Jan. 1	May 20	Oct. 7	Feb. 9	June 28	Nov. 15
.. 2	.. 21	.. 8	.. 10	.. 29	.. 16
.. 3	.. 22	.. 9	.. 11	.. 30	.. 17
.. 4	.. 23	.. 10	.. 12	July 1	.. 18
.. 5	.. 24	.. 11	.. 13	.. 2	.. 19
.. 6	.. 25	.. 12	.. 14	.. 3	.. 20
.. 7	.. 26	.. 13	.. 15	.. 4	.. 21
.. 8	.. 27	.. 14	.. 16	.. 5	.. 22
.. 9	.. 28	.. 15	.. 17	.. 6	.. 23
.. 10	.. 29	.. 16	.. 18	.. 7	.. 24
.. 11	.. 30	.. 17	.. 19	.. 8	.. 25
.. 12	.. 31	.. 18	.. 20	.. 9	.. 26
.. 13	June 1	.. 19	.. 21	.. 10	.. 27
.. 14	.. 2	.. 20	.. 22	.. 11	.. 28
.. 15	.. 3	.. 21	.. 23	.. 12	.. 29
.. 16	.. 4	.. 22	.. 24	.. 13	.. 30
.. 17	.. 5	.. 23	.. 25	.. 14	Dec. 1
.. 18	.. 6	.. 24	.. 26	.. 15	.. 2
.. 19	.. 7	.. 25	.. 27	.. 16	.. 3
.. 20	.. 8	.. 26	.. 28	.. 17	.. 4
.. 21	.. 9	.. 27	Mar. 1	.. 18	.. 5
.. 22	.. 10	.. 28	.. 2	.. 19	.. 6
.. 23	.. 11	.. 29	.. 3	.. 20	.. 7
.. 24	.. 12	.. 30	.. 4	.. 21	.. 8
.. 25	.. 13	.. 31	.. 5	.. 22	.. 9
.. 26	.. 14	Nov. 1	.. 6	.. 23	.. 10
.. 27	.. 15	.. 2	.. 7	.. 24	.. 11
.. 28	.. 16	.. 3	.. 8	.. 25	.. 12
.. 29	.. 17	.. 4	.. 9	.. 26	.. 13
.. 30	.. 18	.. 5	.. 10	.. 27	.. 14
.. 31	.. 19	.. 6	.. 11	.. 28	.. 15
Feb. 1	.. 20	.. 7	.. 12	.. 29	.. 16
.. 2	.. 21	.. 8	.. 13	.. 30	.. 17
.. 3	.. 22	.. 9	.. 14	.. 31	.. 18
.. 4	.. 23	.. 10	.. 15	Aug. 1	.. 19
.. 5	.. 24	.. 11	.. 16	.. 2	.. 20
.. 6	.. 25	.. 12	.. 17	.. 3	.. 21
.. 7	.. 26	.. 13	.. 18	.. 4	.. 22
.. 8	.. 27	.. 14	.. 19	.. 5	.. 23

Concep.	Quick.	Labor.	Concep.	Quick.	Labor.
Mar. 20	Aug. 6	Dec. 24	May 2	Sept. 18	Feb. 5
.. 21	.. 7	.. 25	.. 3	.. 19	.. 6
.. 22	.. 8	.. 26	.. 4	.. 20	.. 7
.. 23	.. 9	.. 27	.. 5	.. 21	.. 8
.. 24	.. 10	.. 28	.. 6	.. 22	.. 9
.. 25	.. 11	.. 29	.. 7	.. 23	.. 10
.. 26	.. 12	.. 30	.. 8	.. 24	.. 11
.. 27	.. 13	.. 31	.. 9	.. 25	.. 12
.. 28	.. 14	Jan. 1	.. 10	.. 26	.. 13
.. 29	.. 15	.. 2	.. 11	.. 27	.. 14
.. 30	.. 16	.. 3	.. 12	.. 28	.. 15
.. 31	.. 17	.. 4	.. 13	.. 29	.. 16
April 1	.. 18	.. 5	.. 14	.. 30	.. 17
.. 2	.. 19	.. 6	.. 15	Oct. 1	.. 18
.. 3	.. 20	.. 7	.. 16	.. 2	.. 19
.. 4	.. 21	.. 8	.. 17	.. 3	.. 20
.. 5	.. 22	.. 9	.. 18	.. 4	.. 21
.. 6	.. 23	.. 10	.. 19	.. 5	.. 22
.. 7	.. 24	.. 11	.. 20	.. 6	.. 23
.. 8	.. 25	.. 12	.. 21	.. 7	.. 24
.. 9	.. 26	.. 13	.. 22	.. 8	.. 25
.. 10	.. 27	.. 14	.. 23	.. 9	.. 26
.. 11	.. 28	.. 15	.. 24	.. 10	.. 27
.. 12	.. 29	.. 16	.. 25	.. 11	.. 28
.. 13	.. 30	.. 17	.. 26	.. 12	Mar. 1
.. 14	.. 31	.. 18	.. 27	.. 13	.. 2
.. 15	Sept. 1	.. 19	.. 28	.. 14	.. 3
.. 16	.. 2	.. 20	.. 29	.. 15	.. 4
.. 17	.. 3	.. 21	.. 30	.. 16	.. 5
.. 18	.. 4	.. 22	.. 31	.. 17	.. 6
.. 19	.. 5	.. 23	June 1	.. 18	.. 7
.. 20	.. 6	.. 24	.. 2	.. 19	.. 8
.. 21	.. 7	.. 25	.. 3	.. 20	.. 9
.. 22	.. 8	.. 26	.. 4	.. 21	.. 10
.. 23	.. 9	.. 27	.. 5	.. 22	.. 11
.. 24	.. 10	.. 28	.. 6	.. 23	.. 12
.. 25	.. 11	.. 29	.. 7	.. 24	.. 13
.. 26	.. 12	.. 30	.. 8	.. 25	.. 14
.. 27	.. 13	.. 31	.. 9	.. 26	.. 15
.. 28	.. 14	Feb. 1	.. 10	.. 27	.. 16
.. 29	.. 15	.. 2	.. 11	.. 28	.. 17
.. 30	.. 16	.. 3	.. 12	.. 29	.. 18
May 1	.. 17	.. 4	.. 13	.. 30	.. 19

Concep.	Quick.	Labor.	Concep.	Quick.	Labor.
June 14	Oct. 31	Mar. 20	July 27	Dec. 13	May 2
.. 15	Nov. 1	.. 21	.. 28	.. 14	.. 3
.. 16	.. 2	.. 22	.. 29	.. 15	.. 4
.. 17	.. 3	.. 23	.. 30	.. 16	.. 5
.. 18	.. 4	.. 24	.. 31	.. 17	.. 6
.. 19	.. 5	.. 25	Aug. 1	.. 18	.. 7
.. 20	.. 6	.. 26	.. 2	.. 19	.. 8
.. 21	.. 7	.. 27	.. 3	.. 20	.. 9
.. 22	.. 8	.. 28	.. 4	.. 21	.. 10
.. 23	.. 9	.. 29	.. 5	.. 22	.. 11
.. 24	.. 10	.. 30	.. 6	.. 23	.. 12
.. 25	.. 11	.. 31	.. 7	.. 24	.. 13
.. 26	.. 12	April 1	.. 8	.. 25	.. 14
.. 27	.. 13	.. 2	.. 9	.. 26	.. 15
.. 28	.. 14	.. 3	.. 10	.. 27	.. 16
.. 29	.. 15	.. 4	.. 11	.. 28	.. 17
.. 30	.. 16	.. 5	.. 12	.. 29	.. 18
July 1	.. 17	.. 6	.. 13	.. 30	.. 19
.. 2	.. 18	.. 7	.. 14	.. 31	.. 20
.. 3	.. 19	.. 8	.. 15	Jan. 1	.. 21
.. 4	.. 20	.. 9	.. 16	.. 2	.. 22
.. 5	.. 21	.. 10	.. 17	.. 3	.. 23
.. 6	.. 22	.. 11	.. 18	.. 4	.. 24
.. 7	.. 23	.. 12	.. 19	.. 5	.. 25
.. 8	.. 24	.. 13	.. 20	.. 6	.. 26
.. 9	.. 25	.. 14	.. 21	.. 7	.. 27
.. 10	.. 26	.. 15	.. 22	.. 8	.. 28
.. 11	.. 27	.. 16	.. 23	.. 9	.. 29
.. 12	.. 28	.. 17	.. 24	.. 10	.. 30
.. 13	.. 29	.. 18	.. 25	.. 11	.. 31
.. 14	.. 30	.. 19	.. 26	.. 12	June 1
.. 15	Dec. 1	.. 20	.. 27	.. 13	.. 2
.. 16	.. 2	.. 21	.. 28	.. 14	.. 3
.. 17	.. 3	.. 22	.. 29	.. 15	.. 4
.. 18	.. 4	.. 23	.. 30	.. 16	.. 5
.. 19	.. 5	.. 24	.. 31	.. 17	.. 6
.. 20	.. 6	.. 25	Sept. 1	.. 18	.. 7
.. 21	.. 7	.. 26	.. 2	.. 19	.. 8
.. 22	.. 8	.. 27	.. 3	.. 20	.. 9
.. 23	.. 9	.. 28	.. 4	.. 21	.. 10
.. 24	.. 10	.. 29	.. 5	.. 22	.. 11
.. 25	.. 11	.. 30	.. 6	.. 23	.. 12
.. 26	.. 12	May 1	.. 7	.. 24	.. 13

Concep.	Quick.	Labor.	Concep.	Quick.	Labor.
Sept. 8	Jan. 25	June 14	Oct. 21	Mar. 9	July 27
.. 9	.. 26	.. 15	.. 22	.. 10	.. 28
.. 10	.. 27	.. 16	.. 23	.. 11	.. 29
.. 11	.. 28	.. 17	.. 24	.. 12	.. 30
.. 12	.. 29	.. 18	.. 25	.. 13	.. 31
.. 13	.. 30	.. 19	.. 26	.. 14	Aug. 1
.. 14	.. 31	.. 20	.. 27	.. 15	.. 2
.. 15	Feb. 1	.. 21	.. 28	.. 16	.. 3
.. 16	.. 2	.. 22	.. 29	.. 17	.. 4
.. 17	.. 3	.. 23	.. 30	.. 18	.. 5
.. 18	.. 4	.. 24	.. 31	.. 19	.. 6
.. 19	.. 5	.. 25	Nov. 1	.. 20	.. 7
.. 20	.. 6	.. 26	.. 2	.. 21	.. 8
.. 21	.. 7	.. 27	.. 3	.. 22	.. 9
.. 22	.. 8	.. 28	.. 4	.. 23	.. 10
.. 23	.. 9	.. 29	.. 5	.. 24	.. 11
.. 24	.. 10	.. 30	.. 6	.. 25	.. 12
.. 25	.. 11	July 1	.. 7	.. 26	.. 13
.. 26	.. 12	.. 2	.. 8	.. 27	.. 14
.. 27	.. 13	.. 3	.. 9	.. 28	.. 15
.. 28	.. 14	.. 4	.. 10	.. 29	.. 16
.. 29	.. 15	.. 5	.. 11	.. 30	.. 17
.. 30	.. 16	.. 6	.. 12	.. 31	.. 18
Oct. 1	.. 17	.. 7	.. 13	April 1	.. 19
.. 2	.. 18	.. 8	.. 14	.. 2	.. 20
.. 3	.. 19	.. 9	.. 15	.. 3	.. 21
.. 4	.. 20	.. 10	.. 16	.. 4	.. 22
.. 5	.. 21	.. 11	.. 17	.. 5	.. 23
.. 6	.. 22	.. 12	.. 18	.. 6	.. 24
.. 7	.. 23	.. 13	.. 19	.. 7	.. 25
.. 8	.. 24	.. 14	.. 20	.. 8	.. 26
.. 9	.. 25	.. 15	.. 21	.. 9	.. 27
.. 10	.. 26	.. 16	.. 22	.. 10	.. 28
.. 11	.. 27	.. 17	.. 23	.. 11	.. 29
.. 12	.. 28	.. 18	.. 24	.. 12	.. 30
.. 13	Mar. 1	.. 19	.. 25	.. 13	.. 31
.. 14	.. 2	.. 20	.. 26	.. 14	Sept. 1
.. 15	.. 3	.. 21	.. 27	.. 15	.. 2
.. 16	.. 4	.. 22	.. 28	.. 16	.. 3
.. 17	.. 5	.. 23	.. 29	.. 17	.. 4
.. 18	.. 6	.. 24	.. 30	.. 18	.. 5
.. 19	.. 7	.. 25	Dec. 1	.. 19	.. 6
.. 20	.. 8	.. 26	.. 2	.. 20	.. 7

<i>Concep.</i>	<i>Quick.</i>	<i>Labor.</i>	<i>Concep.</i>	<i>Quick.</i>	<i>Labor.</i>
Dec. 3	Apr. 21	Sept. 8	Dec. 18	May 6	Sept. 23
.. 4	.. 22	.. 9	.. 19	.. 7	.. 24
.. 5	.. 23	.. 10	.. 20	.. 8	.. 25
.. 6	.. 24	.. 11	.. 21	.. 9	.. 26
.. 7	.. 25	.. 12	.. 22	.. 10	.. 27
.. 8	.. 26	.. 13	.. 23	.. 11	.. 28
.. 9	.. 27	.. 14	.. 24	.. 12	.. 29
.. 10	.. 28	.. 15	.. 25	.. 13	.. 30
.. 11	.. 29	.. 16	.. 26	.. 14	Oct. 1
.. 12	.. 30	.. 17	.. 27	.. 15	.. 2
.. 13	May 1	.. 18	.. 28	.. 16	.. 3
.. 14	.. 2	.. 19	.. 29	.. 17	.. 4
.. 15	.. 3	.. 20	.. 30	.. 18	.. 5
.. 16	.. 4	.. 21	.. 31	.. 19	.. 6
.. 17	.. 5	.. 22			

II.—CAUSES OF THE SUFFERINGS AND DIFFICULTIES OF CHILDBIRTH.—CIVILIZATION.

Most of the sufferings attendant upon parturition arise from those habits of life which it is the object of this manual to expose, and to guard the present generation from falling into; such as—diet of an improper quality, or quantity; the use of stimulating beverages; want of pure air and healthy exercise; tight lacing; late hours; and other injurious habits. Amongst savage tribes, child-bearing is comparatively free from the suffering and danger which too frequently attend it in an artificial state of society. CATLIN tells us that an Indian woman on the march will often deliver herself, and safely rejoin her companions with her newly-born child on her back before night has set in. What a contrast to the physical disabilities which follow in the

train of civilization! Even in our country healthy women, of regular habits, accustomed to out-of-door exercise, and whose general mode of life is natural, are freed from the long train of miseries which are the too frequent concomitants of the period of labor.

The popular idea that the wild life of Indian women exempts them altogether from the dangers and suffering contingent upon child-birth is fallacious. The truth is, they often die in labor for lack of proper treatment. Cases of preternatural labor are relatively more frequent among women who are exposed to the hardships of frontier life than with those who belong to the better classes in our cities and towns.

Oviparous animals have been known to lose their lives while in labor, striving to be delivered of the egg. This is true of the ostrich, the tortoise, and other creatures.

L.

OBSTRUCTIVE CAUSES.

At the same time, causes of difficult labor may exist of a more remote nature, and less directly referable to the habits of the patient. Such are—contraction and deformity of the bones of the pelvis from rickets, or from a similar disease in adult life; obstruction from tumors, dropsy, the large size of the child, or from a hydrocephalic head; wrong presentation, etc. The management of these cases requires professional knowledge and skill.

Simpler causes of difficult or tedious labors are—a distended bladder; accumulations in the lower bowel; or indigestion from a too full meal, or from food that disagrees, taken just before labor sets in. Prompt treatment suffices at once to remove these obstacles to the progress of labor.

POWERLESS LABOR.

Powerless labor is generally due to constitutional feebleness, as from previous ill-health, too frequent labors, etc. Here, of course, *preventive* treatment is indicated. This includes nourishing diet, pure air, suitable exercise, and the administration of one or more of the remedies which our rich *Materia Medica* offers.

PREVENTIVE TREATMENT.

This seems a proper place to make a remark on treatment preparatory to labor in cases about which any difficulty is apprehended. Our *pharmacopœia* contains remedies which, selected according to the requirements of each case, and administered once or twice a day for some time prior to parturition, tend to facilitate that process, and even to correct conditions that would otherwise operate as causes of difficulty. Patients for whom we have prescribed during gestation have often told us of the comparative absence of pains and difficulty which they had experienced in previous labors; and these instances have been too numerous to allow of their being regarded as mere coincidences. As far as our observations extend, the difficulties and dangers of parturition are far less when under *Homœopathic* than when under *Allopathic* treatment; to say the least, they are then reduced to a minimum, and especially when preparatory treatment has been adopted.

MEANS TO ENSURE AN EASY LABOR.—Many expedients have been resorted to during the later months

of pregnancy, with a view to shorten delivery and to lessen the suffering incident thereto. Among them are the hip-bath, tight lacing, the local and internal use of *Belladonna*, *Gelseminum*, *Macrotin* and *Cautophyllin*. In a few cases physicians have had such confidence in these measures that they have been tempted to promise almost anything the patient desired. As a rule the experience of the profession is adverse to their employment. A more general reliance upon healthy exercise, food, and diversion, will secure the best results, and leave the system free for proper medication when it *is* necessary. "He is the best physician who knows *when* to do *nothing*." L.

III.—PREPARATIONS FOR LABOR—THE MONTHLY NURSE.

She should be a middle-aged married woman, or a widow; of temperate, kind, and cleanly habits; and free from any defect of sight or hearing. If such an arrangement is convenient, the nurse should be selected by the medical man, be engaged early, and, as the whole of her time and the best of her energies are to be devoted to the lady and the infant, she should be liberally remunerated.

THE LYING-IN ROOM.

If practicable, a spacious, well-ventilated room should be selected, which allows both the admission of fresh air, and the escape of tainted air. Renewal of the air is generally best secured by occasionally leaving the door ajar, having the fire place open, and the top sash of the window more or less down accord-

ing to the season. Fresh air wonderfully aids a lady to go through the process of parturition. If the weather is cold, a fire may be kept in the room, but neither the mother nor infant should be exposed to its direct influence.

WHO SHOULD BE IN THE LYING-IN ROOM.

In addition to the medical man and the nurse, one female friend—not the mother of the patient—may likewise be present in the chamber; she should be a prudent, *cheerful* person, and if herself the mother of children, so much the better. If convenient, the mother of the patient may be in the house, or within a short distance, the knowledge of such fact tending to comfort the patient. She should not, however, be in the lying-in-chamber, as maternal anxiety is there often very embarrassing. Remarks calculated to depress the patient, especially any referring to unfavorable labors, are strictly improper.

Usage varies in this respect in different countries and communities. In this country neither the mother nor the husband is generally excluded from the lying-in chamber.

L.

MINOR PREPARATIONS.

All articles of clothing necessary for the mother and infant should be well aired ready for immediate use, and so arranged that they may be found in an instant. A little fresh, unsalted lard; about twelve inches length of nice twine, or four or five threads; a pair of scissors; and a few patent pins. Also a piece of water-proof

sheeting, or strong oiled-silk, or even a common oiled-cloth table-cover, should be placed under the blanket and sheet over the *right* side of the bed to protect it from being injured by the discharges.

ATTENTION TO THE BOWELS.

Attention to the action of the bowels is necessary. Generally the bowels are somewhat relaxed—a wise provision of nature, for by thoroughly emptying the bowel, more space is gained for the birth of the child. Should, however, the bowels be confined, an injection of a pint of tepid water will be sufficient to empty the intestine, and is far preferable to the common but reprehensible practice of taking *castor oil*, or any other aperient drug. Ample experience leads us emphatically to denounce the practice of giving purgatives, as both unnecessary and hurtful. A good injection of water as soon as labor has set in, however, especially if the lady is costive, will not only greatly facilitate the birth of the child, but obviate the unpleasant occurrence of an escape of fæces during parturition. If there is considerable collection of hardened fæces, a warm soap-and-water enema may be necessary.

THE BLADDER.

During labor, a lady should never neglect to pass water as often as necessary. The proximity of the bladder to the womb renders it most undesirable that the former should be distended with urine, as nature requires the utmost available space for the passage of

the child. This hint is especially necessary in first labors, when from a refined sensibility, ladies are apt to suffer much inconvenience from inattention to this point. If there is inability to pass water, the measures suggested in the section on "Retention of Urine," page 113, should be adopted, or the doctor should be informed of the fact. The importance of attention to the state of the bladder during labor can scarcely be overstated.

POSITION OF THE PATIENT.

During the precursory stage of labor, she should not confine herself to bed—not even to her own bedroom, unless she desires it—but walk about a little; a certain amount of unrest leads her from place to place, and it would be most undesirable to confine her to her bed. A change of position is a good preventive or remedy for *cramp* of the legs and thighs, which occasionally comes on, more especially when she is restricted to one position. If medicine is necessary to remove this symptom, see under *Coccus* and *Pulsatilla*, further on.

IV.—FALSE LABOR PAINS.

Towards the close of gestation, a lady is apt to suffer from pains which may be mistaken for those of labor, but which are of a perfectly distinct character.

DIAGNOSIS.—The following table exhibits the difference between true and false pains:

TRUE PAINS	FALSE PAINS
(1.) Come on and go off <i>regularly</i> , gradually increasing in frequency and severity.	(1.) Are <i>irregular</i> in their recurrence, or, in some instances, are unremitting.
(2.) Are situated in the <i>back</i> and <i>loins</i> .	(2.) Are chiefly confined to the <i>abdomen</i> .
(3.) Are <i>grinding</i> or <i>bearing down</i> , according to the stage of labor.	(3.) Are of a <i>colicky</i> nature.
(4.) Arise from the contraction of the uterus, and the resistance made to its efforts, and on examination, the mouth of the womb is found <i>dilated</i> at each pain.	(4.) Are caused by cold, flatulence, indigestion, spasm, fatigue, etc., and have no effect upon the <i>os uteri</i> (mouth of the womb), which is found <i>closed</i> .
(5.) Are usually attended with a <i>show</i> .	(5.) Are <i>unattended</i> with a <i>show</i> .

TREATMENT.—*Pulsatilla*.—If the term of pregnancy has not arrived, a dose of this medicine will generally quiet this abnormal action; and if it has, the probable effect of the same remedy will be to change the irregular into true and effective labor pains.

Chamomilla.—This is a valuable remedy, even if there are cramps in the calves; there may be a tendency to bilious diarrhoea, and frequent urging to urinate.

Aconitum.—Young, plethoric females, with full pulse, congestion to the head, flushed face, etc.

Administration.—In severe cases, a dose of the selected remedy every thirty minutes; in milder cases, every three or four hours until improvement ensues, or another remedy is chosen.

V.—SYMPTOMS AND STAGES OF LABOR— SYMPTOMS OF LABOR.

The earliest is a diminution of the size of the waist, from sinking of the child lower down in the abdomen. This subsidence of the womb gives the lady a feeling of lightness and comfort; pressure on the thoracic region being removed, she breathes more freely, and she is better able to take exercise. Occasionally, however, this alteration in the position of the womb leads to irritability of the bladder by its pressure on that viscus, giving rise to a frequent desire to urinate. After this symptom has existed for a few days, or even in some cases only a few hours, the more immediate symptoms occur; these are, agitation, dejection of spirits, flying pains, frequent inclination to relieve the bladder and the bowels, relaxation of the external parts, and a slight discharge of mucus tinged with red, technically called “the show.” This latter is the most certain indication that labor has really commenced.

At this stage, sometimes *shivering* and *sickness* come on; but as they are not unfavorable symptoms, they require no particular treatment, certainly not brandy, for their removal.

STAGES OF LABOR.

Labor has been divided into three stages. The *first*: in which the uterus alone acts, commences with the first uterine contractions, the pains being of a *grinding* character; the *os uteri* (mouth of the womb)

gradually dilates until it is sufficiently capacious to admit the passage of the head of the child. In this stage it is not necessary for the lady to confine herself to bed; she is better walking about the room, occasionally lying down when a pain comes on. She should not on any account bear down, as some ignorant nurses advise; for before the mouth of the womb is sufficiently dilated, the child could not be born, except by rupture of the womb.

The *second* stage of labor is indicated by the pains being of a *forcing, bearing-down* nature; the abdominal muscles and the diaphragm assist the action of the uterus, acting in an involuntary and reflex manner: this stage terminates with the birth of the child. In this stage the lady should remain on the bed. Even now she should make no voluntary efforts to bear down, especially in the absence of pain; she should keep her eyes closed, to prevent injury to them during the irresistible straining which attends the expulsive pains.

The *third* stage includes the expulsion of the placenta, which generally takes place in about fifteen or twenty minutes, or it may be a little longer, after the birth of the child.

LENGTH OF LABOR.

It has been laid down as a general rule, that a first labor continues six hours, and a subsequent one three hours. This calculation dates from the commencement of *actual labor*; if the premonitory flying-pains are included, the time would probably be doubled.

The *first* labor of a lady who marries beyond the age of thirty usually occupies a considerably longer time than one who marries at about the age previously indicated.

TEDIOUS LABOR.

This seems the proper place to remark, that *tedious* labors are, as a rule, natural, and by no means necessarily dangerous; on the contrary, a lady usually makes a more rapid and perfect recovery after a slow than after a quick labor. Except in preternatural cases, which must be conducted according to the knowledge and skill of the medical man, medicinal or manual interference is rarely necessary; time, patience, and good management only being required to bring a natural labor to a successful issue.

TREATMENT.—The following remedies will generally alleviate the sufferings of abnormal conditions of parturition, and shorten its period.

Pulsatilla.—If the pains are too feeble, and occur at too long intervals, or if they are diminishing in strength and frequency; or if attended with vomiting, or with spasms in the stomach; severe pain in the back and loins, or painful drawings in the thighs.

Secale.—Excessively severe pains, with slow progress of the labor, and faintness and exhaustion of the patient.

Belladonna.—Very severe bearing-down pains, with convulsive movements; great agitation and congestion to the head, and even frantic rage and delirium; red and bloated face, and distension of the blood-vessels.

Coffea.—Excessively violent pains, with great mental and nervous excitement, and restlessness.

Coccus.—Cramps and convulsions in the lower part of the abdomen, in the limbs, or in the whole body.

Administration.—A dose of the appropriate remedy every fifteen, twenty, or thirty minutes, as the case may require. If no relief follows the third dose, it may be desirable to select another medicine.

ACCESSORY MEANS.—Friction over the abdomen, with moderate pressure, is often of much service during the pains, especially in the latter stages of labor, by exciting the action of the womb. This should be continued till the placenta is detached.

CHLOROFORM IN LABOR.—A natural labor is best, and its attendant pains should be patiently borne, especially if all be going on well. Probably chloroform slightly retards parturition by somewhat weakening, or rendering less frequent, uterine contractions; still a lady may be delivered naturally under its influence. It is unattended with danger to the child, nor is it liable on the part of the mother to occasion haemorrhage, or tend to the production of puerperal mania. The pulse and the respiration furnish reliable indications as to the extent to which it may be carried, and the length of time the inhalation may be continued. When requested by a patient to administer it, and no objection to its use exists, the author never hesitates to do so. It should not, however, be administered except by the sanction and under the care of a qualified medical man. It may be given by pouring a sufficient quantity into a tumbler and letting the patient

inhale it in small doses, well diluted with atmospheric air, and when the stomach is empty. Various kinds of scents are now put into chloroform, and it may almost be said to have become more a question of perfumery.

The indiscriminate and reckless use of chloroform is not approved or practiced by the careful and conscientious physician. Although this agent is not so generally employed as it was a few years ago, still, with proper precautions, it is a great blessing and boon to the woman who must undergo the "perils of child-birth." The patient should commence to take it when the grinding, dilating pains of the first stage of labor are passed, and have been succeeded by the real, forcing, expulsive pains of the second stage. It should be inhaled just as the pain returns. Unless instrumental delivery has been determined upon, the patient need not be made entirely unconscious by it. It should not be allowed if the woman flows freely. Talking in the room should be prohibited while she is inhaling the anæsthetic. And on no account should her head be raised, or she allowed to sit up in the bed, for some hours after its use.

L.

VI.—HOW TO ACT IN THE ABSENCE OF A MEDICAL MAN.

Labor sometimes comes on earlier than was anticipated, or its stages are gone through so rapidly as not to give sufficient time for the attendance of a medical man; it is therefore desirable to know how to act till he arrives. Calmness, judgment, self-possession, and attention to the following points, are generally all that is necessary in ordinary cases for the safety and comfort of the lady and infant, at least until the arrival of the accoucheur.

BIRTH BEFORE THE DOCTOR'S ARRIVAL.

If, when the head is born, the face gets black, the exit of the shoulders should be aided by slight traction, by means of the index finger inserted in the axilla (*arm-pit*); but on no account should the head be pulled, or dislocation of the neck might result. After this the remaining exit of the body and nates (*buttocks*) should not be hurried.

When the child is born, the nurse should at once remove it from contact with the mother's discharges, place it where it has room to breathe, and see that the mouth be not covered with clothes. The mouth should also be examined, and any mucus that may have accumulated in it removed. At the same time it is very important to notice whether a coil of the umbilical cord (*navel-string*) be tight round the infant's neck; and if so, to instantly liberate it to prevent strangulation. If there are two or three coils, loosen them a little to allow the child to breathe.

To Tie the Umbilical Cord (*navel-string*).

Place the ligature—a piece of twine, or four or five threads—about two inches from the body of the infant, and tie it firmly by a double knot round the umbilical cord; two or three inches further from the body of the child a second ligature has to be similarly applied, and the cord then cut between the two ligatures with a pair of blunt scissors. The cord should not be ligatured till the child has given signs of life by its cries or vigorous breathing, or until all pulsation in the cord has ceased.

THE PLACENTA (*after-birth*).

The umbilical cord having been ligatured and divided, no attempt should be made, by pulling at it, or otherwise, to remove the placenta. The only justifiable interference is firm pressure and occasional friction over the region of the womb, which tends to encourage contraction of that organ, by which means detachment and expulsion of the placenta is effected. We may judge whether the placenta is detached, by examining over the lower part of the abdomen, and if the womb is felt contracting, and hard like a cricket-ball, the placenta is detached, and if not expelled, is in the vagina (*passage to the womb*); two fingers may then be passed up to the insertion of the cord, where the placenta may be grasped and brought away steadily and evenly, with a *spiral movement*, but without using force. The spiral movement tends to overcome the pressure of the atmosphere, and also winds the membranes into a kind of rope, so that they are less likely to be torn.

APPLICATION OF THE BINDER.

The binder is simply a piece of strong linen or sheeting, about twelve inches wide and a yard and a half long, so as to include the whole of the abdomen. It should be applied moderately firm, secured by patient pins, and as soon as it becomes loose it should be readjusted. The binder is useful in two respects; it favors contraction of the uterus, and thus tends to obviate haemorrhage; it also aids the return of the

abdomen to its former size, and prevents the condition described by nurses as "pendulous belly." The binder should be kept on for a week or ten days after labor.

Concerning the use and necessity of the binder, physicians are not agreed. Some always apply it—others discard it altogether. Since, if carefully applied, the bandage can do no possible harm, and may serve to prevent serious mishaps, as for example, haemorrhage, or uterine displacement, we think it had better be adjusted before the patient is left. L.

VII.—GENERAL HINTS.

The first few hours after the birth of the child should be essentially hours of repose. For an hour, at least, the lady should maintain the same position as during labor, and be no more disturbed than is necessary to apply the binder, remove the soiled napkins, and render her as comfortable as the circumstances will permit. She may not on any account make the slightest exertion herself, or haemorrhage is very liable to occur. One or two hours after labor the tendency to haemorrhage is much reduced. A cup of *cool*, not *hot*, tea, or a little warm arrowroot or gruel may be given her; but, except in extreme cases, or under the advice of a medical man, no brandy or other stimulant should be permitted.

Brandy *is* admissible in case the patient has been for a long time under the influence of chloroform, and the labor has been very protracted and exhaustive. L.

If the lady desires to pass water soon after labor, she should do so in a lying posture, but on no account

sit up for that purpose, as dangerous haemorrhage might thus be occasioned. If by good management and quietude for two or three hours she obtains a little sound and refreshing sleep, it is surprising how soon she will revive. After this, should no untoward circumstances forbid, she may be changed and placed in bed, preserving the horizontal posture. As soon as the infant is dressed and the mother made comfortable, the child should be presented to the breast. By this means the nipple is most likely to assume the proper form, the flow of milk is facilitated, and the action thus excited in the breasts, tends, by reflex action, to promote vigorous uterine contraction, and thus considerably reduces the danger of secondary haemorrhage. As suggested in the section on "Flooding," the nurse should examine the napkins very frequently at first, to ascertain if there is any undue haemorrhage. The labor being thus completed, it seems almost unnecessary to add that the window blind should be let down, noise shut out, conversation forbidden, and everything done to induce the patient to sleep, at the same time making due provision for good ventilation. As soon as the child is washed and dressed, and the mother made comfortable, the nurse only should remain in the room.

It is safe, in order to anticipate and prevent soreness as much as possible, to administer *Arnica* internally; a few drops of the dilution in half a tumbler of water; a dessertspoonful to be given every hour for three or four times. When the afterbirth has been expelled, *Arnica* may also be applied externally to the parts by wetting a napkin with the lotion, made by

mixing twenty drops of the pure tincture of *Arnica* with a tumbler of water, renewing the application as often as may be required.

Coffea.—Sleeplessness, nervous excitement, and restlessness.

Aconitum may be submitted for *Coffea* and given in the same manner, should any feverish symptoms occur.

CHAPTER VIII.

MANAGEMENT AFTER DELIVERY.

I.—DIET.

ERRORS on this point have arisen no doubt from parturition having been regarded as a state of disease, instead of a physiological condition. Labor is a process of health, and under ordinary favorable circumstances there is no fever or febrile reaction, or any danger of inflammation; why then should a lady be restricted to gruel or low diet for a week? Under such a diet inflammatory symptoms are liable to be called into existence, and bad matters are more readily absorbed by the uterine vessels. A good diet is the best prophylactic against inflammation. The diet we invariably give is nourishing, digestible, solid food from the very commencement; and we have never seen any untoward results. On the contrary, many ladies formerly under the care of doctors who gave only a "slop" diet, have expressed to us their thankfulness for the earlier and more complete restoration to their former condition, and their exemption from debility and other evils inseparable from a low diet. If a lady is delivered in the evening or early morning, and there are no unfavorable symptoms, we allow a mutton chop for dinner on the first day; for other meals, cocoa or tea,

cold-buttered-toast, or bread-and-butter, a breakfast-cupful of arrowroot or gruel, light farinaceous puddings, etc. A too exclusive use of gruel and other "slops" is apt to distend the stomach, produce constipation, and retard the necessary changes in the womb.

For general use during the first three days—until the milk comes freely, we know of nothing to compare with oatmeal porridge. It is grateful to most patients—if well-made—keeps the bowels soluble, and, more than all, *satisfies* the desire for food. We heartily endorse the author's position that the lying-in patient should be well nourished. L.

II. — FLOODING.

This is one of the most frequent, and at the same time, the most serious of the accidents which complicate the expulsion of the after-birth. The haemorrhage generally comes on with a rush a few minutes after the child is born, and before the placenta is expelled; occasionally it does not come on for several hours, or in rare cases even for several days.

SYMPTOMS. — The blood usually appears externally, which the *accoucheur* or nurse instantly recognizes, and is sometimes so sudden and abundant as to place the lady in great danger; at other times the discharge is confined to the cavity of the womb, where it may escape detection, or be only recognised when it is difficult or impossible to remedy it. Pallor of the face, small pulse, dimness of vision, debility and fainting, are symptoms which accompany haemorrhage, whether the discharge be internal or external.

TREATMENT. — *Secale, Ipec., Sab., Ham. v., Crocus.*

For the symptoms indicating these remedies, consult the article "Menstruation too Profuse."

ACCESSORY MEANS.—Immediately the haemorrhage occurs, one hand is to be placed on the abdomen, to grasp the uterus to stimulate it to contract; at the same time napkins saturated with *cold* water are to be suddenly dashed on the external parts; the patient is to remain quite still, the hips being a little elevated, and the pillow removed from her head. If necessary, she should have *brandy*, but slightly diluted with water, in small quantities, at frequent intervals. In this form it is the best stimulus to the heart, and less likely to excite sickness. Beef-tea, the best variety of which is *Liebig's extractum carnis*,* should be given in small, but in frequent quantities. The application of the child to the breast is also another useful measure, as it tends to excite uterine contraction. The patient should be lightly covered, the room kept cool, and a free circulation of air promoted. After a profuse flowing, the patient is naturally inclined to sleep; this tendency should not be interrupted too soon, as it wonderfully recruits the exhausted powers. The patient must not, however, be left alone, and frequent examinations should be made by the attendant. In the majority of cases, profuse haemorrhages may be prevented by skill and attention on the part of the accoucheur. If the after-birth is still within the womb and the woman is flooding it should be removed at once. Then tighten the binder, which is to be applied over a towel folded as a compress. As a rule the more pain the patient

* Other excellent beef extracts are sold in the United States.

experiences soon after delivery the less the danger from loss of blood. See also "Accessory Treatment" under "Menstruation too Profuse."

PREVENTIVE MEANS—After delivery the patient should remain in silence, and enjoy the most absolute repose of mind and body for at least half an hour or an hour. A clean and well-warmed napkin should be applied to the vagina as soon after delivery as possible, and the nurse strictly enjoined to examine it, at least every few minutes at first. In this way any excessive discharge will be easily detected. As before remarked, after the lapse of one or two hours, the danger of haemorrhage is much reduced.

III.—AFTER-PAINS.

Except after a *first* labor, women generally suffer from after-pains, the nature and intensity of which are much influenced by the character of the labor, and the constitutional peculiarities of the patient. After-pains are liable to increase with each succeeding labor, and unless proper treatment is adopted, the pains may be very excessive, and prevent sleep. Much, however, may be done both in the way of preventing them, and of moderating their violence.

After-pains are sometimes very troublesome in case of women who have taken chloroform during labor. Either the pains *are* more severe than others experience, or from not having suffered pain prior to delivery, more complaint is made. In this case five drops of chloroform may be put into half a glass of water and a teaspoonfull given internally as often as the pain recurs.

L.

CAUSE. — *Uterine Contraction.* — After the birth of the child and the detachment and expulsion of the after-birth, muscular contractions are still necessary to close the now empty womb, and to reduce that organ to its natural size in the unimpregnated state.

TREATMENT. — *Secale.* — Continuous and unremitting after-pains.

Chamomilla. — After-pains of irritable patients.

Coffea. — Extreme sensibility, the pains being almost insupportable, with sleeplessness and restlessness.

Gelsemium sem. — This remedy is recommended for after-pains, from its remarkable power of diminishing muscular activity.

Arnica. — Pains following a very protracted labor. This remedy may also be used externally. Thirty drops of the strong tincture of *Arnica* to a teacupful of warm water. Saturate a napkin with the lotion, and apply it warm over the lower part of the abdomen, covering it with oiled-silk to prevent too rapid evaporation.

Belladonna. — After-pains with headache, intolerance of light and noise, flushed face, and general nervousness and unrest.

Camphora. — Cramp-like pains which are very severe and threaten to bring on spasms.

Nux vomica. — Severe after-pains accompanied or followed by the escape of large firm clots. L.

IV.—THE LOCHIA (*Cleansings*).

This is a healthy discharge which takes place after delivery, and in color and appearance at first resembles the menstrual discharge. Gradually however it be-

comes lighter, yellowish, and before its final cessation, of a greenish or whitish hue. In a majority of cases the red color changes in about a week or ten days to the yellowish shade. It varies considerably in different females, being in some thin and scanty, and continuing only a few days; and in others is so profuse as almost to amount to flooding, and lasting for weeks. In some cases, too, it has a disagreeable odor.

TREATMENT. — *Aconitum.* — Discharge too profuse, and of a bright-red color. A dose of this remedy, administered thrice daily for one or two days, will often restore the discharge to its normal condition.

Calcarea. — If, after the above, the unhealthy discharge continues, and especially when there are itchings felt deep in the abdomen, and when there is profuse perspiration, give two or three doses at intervals of six hours.

Bryonia. — Suppression of the lochia, with headache, fulness and heaviness, or with pressure in the temples and forehead, throbbing pains in the head, aching in the small of the back, and scanty urination. A dose every four hours.

Platina. — Suppression with deep mental depression; dryness and great sensitiveness of the sexual organs.

Pulsatilla. — Too scanty, or suppressed, discharge, without fever or congestive headache.

ACCESSORY MEANS. — After a confinement, ablution of the parts, by means of a soft sponge and warm water, at least twice in every twenty-four hours, the parts being immediately but thoroughly dried, is essential for the health and comfort of the patient. The

napkins should be frequently changed, and always applied warm, as the application of cold might be followed by an arrest of the lochial discharge. If the discharge is bright, or continues too long, the patient should retain the horizontal position, be kept quiet, and fed with proper diet. In suppression of the lochia, flannels wrung out of hot water should be applied to the external parts, and frequently renewed, a second flannel being ready when the first is removed. (See also the next section.)

V.—MILK-FEVER AND CHILD-BED (*Puerperal*) FEVER.

When the breasts are first called upon to perform their function, there is sometimes a little circulatory disturbance, which is called the "Milk-Fever." In severe cases, there is the speedy accession of more serious symptoms, which frequently run on into the formidable disease called puerperal or child-bed fever. According to the best authorities, this fever is very fatal, Dr. Furguson being of the opinion that, "with all the resources which medicine at present offers, we shall find that one case in every three will die;" and that "to save two out of three may be termed good practice." When the disease proves fatal, death usually occurs in from one to eight days. The disease has often appeared as an epidemic, attacking any woman who happened to be confined at the time. It is, therefore, no small matter that we have in our *Materia Medica*—which, of course, Dr. Furguson and his colleagues ignore—remedies which, prescribed accor-

ding to the law of *similia*, and given in the early stage, are sufficient to *cure* this disease in nearly every case. It is also encouraging to know that even bad cases seldom prove fatal under skillful Homœopathic treatment.

Facts prove that under this system of treatment, cases of child-bed fever are not one-tenth part as frequent as under the old *regime*. A chief reason is to be found in our not prescribing or allowing *opium* and *cathartics* to lying-in women. L.

The measures pointed out below are only intended to commence the treatment until the doctor arrives.

SYMPTOMS. — *Milk-fever* usually occurs shortly after delivery. There are,—pricking sensations in the breasts, which gradually swell and harden, accompanied by febrile action in the system; and in some cases, pains in the head, scanty urine, constipation, etc.

In *puerperal fever* there are,—in addition to the above, rigors (*shivering-fits*); *pain*, and *great tenderness* over the region of the *womb*; *suppression of the milk* (if it has been secreted at all), also suppressed, or scanty and *fœtid* lochial discharge; there are severe pains in the head, flushed face, glistening eyes, and sometimes delirium; *distension of the abdomen*; and, unless the disease is checked, *typhoid* or *malignant* symptoms rapidly supervene. This fever commonly occurs within a few days after child-birth; and it is remarkable that in most cases the patient loses all interest in the infant, and even refuses to let it suck.

TREATMENT. — *Aconitum*. — This remedy should be given as soon as the first indications of fever are noticed. It is usually sufficient in simple milk-fever, and when there are no symptoms of brain-disturbance.

Bryonia.—Greatly distended breasts, oppression, and shooting pains in the chest.

Belladonna.—Congestive headache, flushed face, altered pupils, great restlessness, tossing about, mental distress, and other symptoms of *approaching delirium* or *severe disease*. If the lochial discharge is not entirely suppressed, but is foetid, this remedy is still very suitable. At the same time, *Aconitum* should be continued in alternation with *Belladonna*, and at brief intervals, till professional aid is available.

Hyos., *Stram.*, *Opium*, *Ars.*, *Bry*, and *Rhus*, are remedies often required in the advanced stages of the disease.

Administration.—A dose every one to three hours.

DIET AND ACCESSORY MEANS.—In simple milk-fever, it is generally only necessary to supply the patient with some warm drink, such as rice, or barley-milk, to guard against a chill, or any mental excitement, and to apply the child to the breast early. In the more complicated fever, frequent small draughts of cold water should be given; this relieves the thirst, and promotes perspiration; strong beef-tea between the doses of medicine will help to keep up the patient's strength; and perfect rest and quiet, with absence of all appearance of excitement or alarm in the attendant are imperatively necessary. Hot applications over the lower part of the abdomen, if there is great pain, and occasional sponging of the body with tepid water will be soothing. The napkins should be frequently examined, and all foul discharge effectually cleansed away, and the room disinfected with Carbolic acid. Indeed, when the discharges are offensive, it is well to inject

up the vagina a quantity of luke-warm water, to which half-a-dozen drops of Carbolic acid have been added.

A more pleasant preparation consisting of ten grains of the Chlorate of potassa to the fluid ounce of water, may be had of an ordinary druggist. Of this put a teaspoonful in a teacup of water, and use either as a vaginal injection or apply locally by means of wet compresses.

In case the abdomen is much swollen and tender, a poultice made of dry wheat-bran sewed into a bag and heated thoroughly, should be applied. It is light, dry, retains its heat for a long time, and seems to hold some specific curative relation to the inflamed structures.

L.

VI.—RETENTION OF URINE.

Retention of urine is not infrequent after parturition, especially after severe and tedious labor.

TREATMENT.—*Cantharis*, *Nux vomica*, *Hyos.*, or *Aconitum*. See “Retention of Urine during pregnancy.”

ACCESSORY MEANS.—A lady should pass urine within about six or eight hours after delivery, or earlier if necessary; she should do this while *in a horizontal posture*, to prevent flooding, or other serious consequences which might arise from the effort of sitting up to do so. It may be worth while to add, that the *pot-de-chambre* used by the lying-in patient should be warmed, and the rim protected with flannel. Should there be inability to pass urine, a cloth wrung out of hot water, and applied to the parts, will often remove the difficulty. Should, however, the difficulty continue, the medical attendant should be made acquainted

with the circumstance, so that if necessary he may draw off the urine by means of a catheter—a measure unattended with pain or exposure.

VII.—CONSTIPATION.

Contrary to the ordinary practice of interference with the operations of nature, adopted by the old school of medicine, Homœopathy does not recognize the necessity for acting freely upon the bowels on the third day after delivery. When the system is so remarkably susceptible to morbid impressions, and occupied in establishing a new function which is to transfer the vascular and nervous erythism from one part of the female economy to another, where is the wisdom of disturbing the whole organism by a forcible interruption of the process, which in some constitutions nature has scarcely power to effect at all? At such a moment, the most passive condition of the system is that which every good physician should study to secure, and not by the administration of active purgatives to set up new and morbid actions, the issue of which no one can foresee. This unphilosophic practice, adopted from age to age by the physicians of the old school, fully accounts for the direful consequences which so frequently invade the puerperal state, particularly in delicate and sensitive women (*Leadam*).

It is a natural condition for the bowels to remain unmoved for a few days after delivery. It gives rest to the womb, and to the parts in the neighborhood of the bowel. Instead of injuring, it conserves the strength of the patient, and should on no account be

interfered with. In four or five days, however, if the patient has had no evacuation, and complains of pain in the bowels or fulness in the head, adopt the following

TREATMENT.—*Bryonia*.—Two or three doses, at intervals of three hours.

Nux vomica and *Sulphur* may be given, afterwards, if necessary, every four hours, in alternation, for several times.

ACCESSORY MEANS.—The moderate use of plain, unstimulating solid food, at suitable intervals after confinement, will furnish the proper impulse to the intestinal canal, and thus be more likely to facilitate an evacuation than will persistency in liquids. When it is ascertained that the action of the bowels is arrested by a collection of hardened faeces in the rectum, the enema lavement, as recommended, page 125, will be required.

Castor oil, aperient pills, are, the writer feels justified in stating, never required. He has attended many ladies in their confinements who had previously been under the care of Allopathic medical men, and who have assured him that their bowels were never relieved after confinement till *castor oil* had been taken; but he has not, either in these or other cases, ever found it necessary to have recourse to any aperient drug. Good management, suitable diet, and, if the symptoms justified it, the occasional administration of a Homœopathic remedy, have in his hands been uniformly successful.

Every patient should be careful to take only what her physician prescribes. This precaution is neces-

sary, because a majority of nurses will insist upon giving "something to open the bowels," without the doctor's knowing anything of it, two or three days after delivery. Much serious harm has unwittingly resulted from this cause.

L.

VIII.—DIARRHŒA.

This is a much more serious condition than the former, and suitable means should be taken to correct it as early as possible.

The diarrhœa of lying-in women is more serious in summer than in the winter months. It is especially so when bowel affections, as dysentery and cholera-morbus, are prevailing. If such patients have dysentery, the tenesmus of the bowel is very liable to be followed by intractable displacements of the womb. Moreover, these affections are, under these circumstances, more than usually dangerous. An involuntary diarrhœa in the case of one who has but recently been confined, should be treated promptly and carefully.

L.

TREATMENT.—*Pulsatilla*.—Diarrhœa occasioned by the use of too rich or fat food, pastry, or other errors of diet.

China.—Diarrhœa from debility, and especially if there has been a previous relaxation, or much loss of blood, profuse lochia, etc.

Antimonium crud..—Thin, watery, offensive discharges, accompanied by marked gastric symptoms, such as clammy or bitter state of the mouth, white-coated tongue, nausea, heavings, etc.

Phosphoric acid.—Obstinate cases, the evacuations being watery, painless, and almost involuntary; also

if there is tenesmus, or protrusion of haemorrhoidal tumors, etc.

Administration.—A dose of the selected remedy every three hours, or after every evacuation, until relief is obtained.

ACCESSORY MEANS.—The patient should remain perfectly quiet, and in a recumbent posture. The food should be light and digestible, taken in small quantities, and cool or cold. See also “Diarrhœa,” in the chapter on “Disorders of Pregnancy.”

CHAPTER IX.

LACTATION AND NURSING.

IT has been truly said, every healthy mother should nurse her own offspring. The reason for this may be inferred from the constitution of the female organization. After the birth of the child, nature continues to secrete an excess of nutrient matter; but this excess is transferred from the uterine system to the breasts, where it is secreted in the form of milk for the nourishment of the young offspring. Eighteen months is the usual period during which the child should be supported by the mother: nine months previous to birth, and about nine months after. The female organs are so arranged, that in carrying on the functions of reproduction, one portion relieves the other. During gestation, the breasts enjoy comparative repose, the development and growth of the infant devolving upon the uterus. After birth this responsibility is transferred to the breasts, the uterus resting for a long time from the process of utero-gestation.

I.—THE BREASTS.

Much inconvenience and suffering may be obviated by paying proper attention to the breasts during pregnancy. For the last two or three months they

should be regularly bathed with cold water every morning, and left perfectly dry. If the breasts are painful, hard, and much distended, two thicknesses of old linen, wrung out of cold water, may be placed over them, and covered with oiled-silk. A kind of sling should then be formed by means of a handkerchief or band secured at the back of the neck, and so arranged as to support the breast. Only a sparing quantity of fluids should be permitted.

II.—GATHERED BREAST (*Mammary Abscess*).

This may take place at any time during the nursing period; but it is usually an accompaniment of that great functional change in the glands which marks the commencement of lactation, especially in the first or second month, often as early as the fourth or fifth day, after the birth of the child. It is most likely to arise after the birth of the *first* child.

SYMPTOMS.—These vary according to the situation and extent of the inflammation. If it merely affects the subcutaneous cellular tissue covering the gland, it will present only the features common to an abscess in any other situation near the surface. If the inflammation occurs in the tissue behind the gland and on which it is placed, the pain is very severe, throbbing, deep seated, and is increased by moving the arm and shoulder; the breast becomes swollen, red, and more prominent, being pushed forward by the abscess behind. Sometimes, but less frequently, the gland itself is involved, when the pain becomes very acute and lancinating, the swelling very considerable, and there

is much constitutional disturbance, quick, full pulse, hot skin, thirst, headache, sleeplessness, etc. This variety of gathered breast is preceded by a rigor (*shivering-fit*), followed by heat, and the case should be immediately placed under the care of a medical man, who may only then be able to arrest the further progress of the disease.

CAUSES.—Exposure to cold, by not covering the breasts during nursing; sitting up in bed, uncovered, to nurse the child; too small, depressed, or sore nipples, so that the breast becomes distended with milk, favoring inflammation and suppuration; efforts of the child to suck when there is no milk in the breast; strong emotions; mechanical injuries; too prolonged nursing, the abscess not appearing until a late period—the tenth to the twelfth month. The great predisposing cause is *constitutional debility*; hence it most frequently happens after a first labor, which is often a protracted one; after giving birth to twins; and after profuse haemorrhage. Debility leading to abscess may occur as the result of innutritious slop-diet, too often adopted during the first week of confinement.

The wearing of pads and tight-fitting stays which keep the breasts too warm and compressed, bound down and bruised, often occasions this species of martyrdom.

It should not be forgotten that for some unaccountable reason certain women are so strongly predisposed to mammary abscess that no matter how much care is taken to prevent it, they are certain to have one or more during the nursing period. For this reason the nurse and the doctor are sometimes blamed when they should not be.

L.

TREATMENT. — *Aconitum.* — A dose every two hours for several times. At the same time, the breast should be emptied by a *breast-pump*; or if it does not give the mother much pain, by applying the child to it. If these measures are adopted during the first hours, when the pain and other symptoms which indicate an attack have been observed, and before the swelling has acquired large proportions, the symptoms will probably be at once arrested.

Bryonia. — If the collection of milk is considerable, and the breasts are hard, or feel heavy and painful, with burning heat. Whenever, from the first coming in of the milk, from catching cold while nursing, or from abrupt weaning, the breasts become swollen, tender, knotty, and painful, *Bryonia* will almost certainly resolve the inflammation and prevent the formation of abscesses (*Hughes*). The author has repeatedly verified this remark; but the remedy should be given early.

Belladonna may be alternated with *Bryonia*, every three hours, if the surface of the breasts exhibits an erysipelatous redness, and is shining.

Hepar sulphur. — If the patient is scrofulous, and if signs of suppuration are present. A dose thrice daily, for several days.

Silicea. — This remedy is often of great service in mammary abscess, when suppuration is threatened or has commenced, and especially if the formation of the abscess has been indolent.

China. — Abscesses following tedious and exhausting labors, excessive loss of blood, or diarrhœa.

Arsenicum. — Abscesses having a gangrenous

appearance, accompanied with burning pain and great debility.

Sulphur.—Profuse suppuration, with chilliness in the forenoon, feverish symptoms, and flushed face in the after-part of the day.

ACCESSORY MEANS.—Two or three hours after labor—sooner if there is much haemorrhage—the infant should be applied to the breast, but only about once in every four hours, until the supply of milk is uniformly secreted. It is important to remember that mammary abscess is a symptom which strongly points to *constitutional feebleness*, indicating the necessity for plenty of nourishment, and in some cases, the use of such stimulants as stout or wine. The breasts should be supported by a broad handkerchief, as their weight aggravates the patient's sufferings greatly; a linseed poultice, or a piece of spongio-piline dipped in hot water, should be applied to the part; this will allay the pain, by relieving tension and causing perspiration. In extensive engorgement and induration, an opening is necessary, and should be made in the most dependent situation as soon as fluctuation is discovered. The matter should be evacuated early as soon as it can be felt, or it will be diffused in various directions through the breast.

The *preventive* treatment consists in relieving the breasts as soon as they are filled; in keeping the patient warm; and in *good diet*.

III.—THE NIPPLES.

It is necessary during pregnancy to examine whether the nipples are of the proper size and shape, for in

many instances they are deficient, or have been so thoroughly compressed by tight clothes, that, after confinement, they can, properly speaking, scarcely be called nipples. A very simple and efficient measure has been suggested in these cases: the nipple is to be drawn out, and a piece of woollen thread or yarn wound two or three times around its base, and tied moderately tight, but not so as to interfere with the free circulation of the blood. In this way the nipple may be kept permanently and sufficiently prominent; the woollen threads may be worn for many days without inconvenience, and often with permanently good results.

IV. — SORE NIPPLES.

In most cases, if the preparatory treatment already suggested be adopted, sore nipples will be prevented. But where there is a tendency to excoriation and soreness, the nipples and the breasts around should be bathed several times daily with a lotion made by adding twenty drops of the pure tincture of *Arnica** to a tumbler of water. The author of this work can testify to the entire success of this application in a very large number of cases which he has treated. The lotion should be applied after each time of suckling, and *the nipples moistened with saliva or mucilage, before again allowing the child to suck.*

In obstinate cases, in which the complaint appears to be owing to constitutional causes, administer one or

* If there is a predisposition to erysipelas in the patient, *Calendula* lotion will be preferable, and may be applied in the same manner.

more of the following remedies: *Calcarea, Mercurius, Graphites, Lycopodium, Silicea, or Sulphur.*

Administration.—A dose of *Calcarea* every six hours, for four or five times; if the inconvenience is diminished, continue the remedies several days longer; but if there is only slight improvement, administer another medicine in the same manner.

ACCESSORY MEANS.—In order to prevent sore nipples, they should be washed over gently with tepid water immediately after the child has been nursed, very carefully dried, by dabbing—not rubbing—with a piece of soft linen, or a fine towel, and then dusted with superfine wheat-flour or finely-powdered starch. As before recommended, the entire breast and chest should receive daily morning ablutions with water,—cold, if the patient can bear it, but if not, tepid may be used for several times, gradually reducing it, however, to the natural coldness.

If the nipples are sore, feel hot, and burn, apply small cloths wet in cold water, or rose water. A good domestic expedient is mutton marrow, applied in the same way. Or take four parts of yolk of egg and five parts of glycerine, and rub or shake well together, and apply locally with the finger or a camel's hair brush. This is simple and available, will wash off, excludes the air like a varnish, and is harmless to the child. Another old-fashioned but efficacious expedient is to stew quince seeds, and apply the gummy product directly to the nipples. Some cases will be cured at once by making the child nurse through a nipple-shield exclusively. L.

PREVENTIVE MEASURES.—In addition to the preparatory treatment above referred to, the infant should only be allowed to suck at stated periods—say every

third or fourth hour, as previously pointed out. The habit of permitting the infant to have the nipple almost constantly in the mouth very frequently leads to tenderness and soreness. The child's mouth should be examined, and if found to be suffering from Thrush (*Aphthæ*), proper treatment should be at once adopted, or sore nipples will most likely result. For the treatment of this affection, see the section on "Thrush," in the chapter on "Diseases of Infancy."

V.—DIET FOR THE NURSING MOTHER.

Although a lady does not require *extra* good living when nursing, care and discrimination in the selection of her food are necessary. This is evident from the well-known fact, that cow's-milk very much partakes of the food on which the animal lives. Thus, if a cow feeds on swedes, the milk and butter have a turnip-flavor. This decides, beyond a doubt, that the milk does partake of the qualities of the food on which she feeds. The same reasoning holds good in regard to the human species, and proves the impropriety of a nursing mother being allowed to eat anything gross, indigestible, or unwholesome!

It is not intended by these remarks that a nursing woman should be excessively particular as to her food. Let her take both animal and vegetable food, varying it from day to day; let her ring the changes on boiled, and stewed, and grilled, and roast meats; on mutton, and lamb, and beef, and chicken, and game, and fish; or vegetables—potatoes, and turnips, and brocoli, and cauliflower, and asparagus.

On the other hand, she should not take gross meats, such as goose, or duck; highly-salted beef; shell-fish, such as lobster or crab; rich dishes; highly-seasoned soup; pastry; cabbages and greens, if found to disagree with the infant; or any other article of food which is rich or indigestible, and which the mother has found to disagree with herself or child.

A nursing woman is subject to *thirst*; under such circumstances, milk-and-water, barley-water, toast-and-water, etc., are the best beverages; beer or wine only adds fuel to the flame.

A lady who is nursing is liable to *fits of depression*. The best remedy is a short, pleasant walk in the country or a drive. Wine or stimulants should not be resorted to, for they would only raise her spirits for a time, and then depress them in an increased ratio. (*Chavasse*).

General social intercourse is an excellent stimulus in these cases. But too much of society, and of the fret and friction of the domestic machinery, may not only worry the nursing mother herself into positive illness, but so impair the quality of her milk as very seriously to compromise the health of her child or children.

L.

VI.—STATED HOURS FOR NURSING.

A habit very generally prevails, on the part of the mother, of giving the infant the breast too frequently; a habit prejudicial alike to the mother and the child. It may be laid down as a rule, that for the first month the infant should be suckled about every two hours, and every three or four hours during the night; the

intervals should be gradually lengthened until about the third month, when the infant should have the breast only every three or four hours during the day, and about every sixth hour at night. Even during the earliest period of infancy, a child will acquire regular habits in this respect, by judicious management on the part of the mother. By giving the breast only at regular stated times, as just recommended, the mother will be able to obtain proper rest, and hours of uninterrupted sleep, which can scarcely be enjoyed by those who have got into the bad habit of permitting the infant to be at the breast during a considerable part of every night, or of offering it to the child whenever it cries or manifests any uneasiness.

VII.—SORE MOUTH OF NURSING MOTHERS.

This is an affection from which nursing females occasionally suffer. It consists of inflammation of the lining of the mouth, which is covered with very small ulcers; these cause stinging and burning sensations, and a cheese-like matter exudes from them. A profuse flow of saliva is also frequently present.

From abundant observation, we are convinced that nothing is more grateful and beneficial in this disease than to take some form of vegetable acid, freely and habitually. Lemonade, oranges, grapes, baked apples, pears, tomatoes, etc., are frequently sufficient to cure the disease without any other remedy. Or, the Sulphuric, or Nitric acid, may be given internally, in an attenuated form. Other cases are curable by moderate quantities of one or another of the malt liquors. L.

TREATMENT.—*Aconitum* at the onset, which often cures the affection at once.

Mercurius may follow, if *Acon.* is not sufficient.

Tincture of the Acetate of Iron, of which twelve or fifteen drops may be added to a teacupful of water, or a *solution of Borax* (four grains to an ounce of water), may be used as a wash, and will modify the soreness considerably.

VIII.—SCANTY OR SUPPRESSED MILK.

CAUSES.—Exposure to cold, powerful emotions of the mind, or any circumstances likely to cause general febrile symptoms. See also “Milk Fever.”

TREATMENT.—*Pulsatilla*.—Partial or entire suppression, without febrile symptoms. The immediate administration of this remedy exerts a healthful influence over the female constitution, in almost every departure from the normal course during the whole period of nursing. A dose every two or three hours, for the first twelve hours; afterwards, if the symptoms are more favorable, a dose every six hours, for several times.

Aconitum.—If feverish symptoms are present, and the suppression is the effect of a chill or of taking cold, administer *Aconitum* every hour or two, for three or four times; afterwards every three or four hours, for several times.

Coffea.—Great restlessness or sleeplessness. A dose or two will generally remove these symptoms.

Chamomilla.—If the suppression was caused by a fit of anger.

ACCESSORY MEANS.—When the distension and consequent irritation have been relieved by the appropriate medicine, the milk which has been arrested will generally flow quite freely. Should the discharge continue imperfect, the breast-pump may be used, or what is better, a strong child may be applied, and will in all probability soon reduce the evil.

METHOD FOR PROMOTING THE FLOW OF MILK.—In all cases where the flow of milk is tardy, the following plan for accelerating it will be found to be available and safe: Take a decanter and fill it with boiling water; when it is thoroughly hot, suddenly empty it, and place it on the breast, with the nipple *in the neck of the bottle*. The gradual cooling of the decanter will create a vacuum; the nipple will be gently pressed into it without pain, and the atmospheric pressure on the breast will, in almost every instance, cause the milk immediately to flow. The experiment may safely be repeated after a short interval if it does not happen to be successful at first. Great care must be taken to protect the breast of the patient, by covering the mouth of the decanter with leather or thick flannel. If a hole is made in the centre of this, the nipple will be kept in its proper position.

DIET.—A nutritious and digestible—not an *extra*—diet is necessary. Cocoa, where it can be obtained good, is one of the best auxiliary means for improving the quality and increasing the quantity of the mother's milk. The writer has known it to succeed in the most marked manner, in cases in which other means had failed. During the whole period of nursing this nour-

ishing beverage will be found highly conducive to the health of both mother and child.

An infusion of coriander seeds is sometimes wonderfully efficacious in promoting a free secretion of milk.

L.

IX.—DETERIORATED MILK.

If the various suggestions we have made in this manual are carried out, there will rarely be cause for complaint of bad milk. When, however, the milk is bad, the infant vomits after each act of sucking, or refuses altogether to take the breast. An endeavor should be made to ascertain whether this condition of the milk be owing to the previous diet of the mother, to any emotional disturbances, or to the state of her health. If possible, the cause should be removed.

TREATMENT.—*Aconitum*.—If the alteration in the quality of the milk is due to fright, anxiety, or grief.

Chamomilla.—If a fit of anger has been the cause.

Nux vomica.—If the milk has been affected by potations of spirits.

Calcarea.—Thin, watery milk.

X.—EXCESSIVE SECRETION OF MILK, OR INVOLUNTARY DISCHARGES.

TREATMENT.—*Aconitum*.—If there be much fever, present. A dose every three hours, for three or four times.

Bryonia.—If the efflux of milk is very considerable, and the breasts greatly distended, so as to produce pain and oppression of the chest, this medicine will gener-

ally relieve the tumid breasts and check the fever. A dose thrice daily, for several days.

Calcarea.—If the secretion of milk is too abundant, the breasts painfully swollen, and the milk constantly escaping of its own accord. A dose night and morning, for several days.

Pulsatilla.—The morbid state of the glands will be corrected by this remedy.

China.—Debility consequent on the excessive flow of milk.

ACCESSORY MEANS.—Warm fomentations, applied so as to maintain an equal temperature around the distended breasts, are often very soothing to the patient. Gentle frictions with warm oil over the surface are useful in promoting the absorption of the excess of milk. During the continuance of the inconvenience, nipple-glasses for receiving the milk should be worn, and a piece of flannel applied to the breast, to prevent the dress from being soiled.

Gum camphor dissolved in sweet oil or glycerine may be applied to the breasts with a view to lessen the quantity of milk secreted. Too frequent nursing or emptying of the gland tends to increase the flow. The same is true of drinking very freely of almost any fluid.

L.

XI.—TOO PROLONGED NURSING.

The process of lactation forms a great drain on the constitution, and although healthy women, under favorable circumstances, suckle their children for a considerable time without sustaining any injurious effects, still in delicate persons, or under unfavorable hygienic

conditions, nursing, even within the otherwise healthy term, may be productive of serious and permanent mental and physical results.

The period when nursing becomes hurtful varies considerably in different cases, from a few weeks after the birth of the child to ten or twelve months.

SYMPTOMS.—The symptoms which indicate that lactation is injuriously affecting the mother are: aching pain in the back, or a dragging sensation when the child is in the act of nursing, accompanied by a feeling of exhaustion, sinking, and emptiness afterwards; general weariness and fatigue; want of, or unrefreshing or disturbed sleep; headache at the top of the head, the painful spot being often perceptibly hotter to the touch than other parts; dimness of vision; noises in the ear; loss of appetite; dyspnoea and palpitation after exertion or ascending stairs. If the nursing is persisted in, the patient becomes pale, thin, and weak; other indications of debility follow—night-sweats; swelling of the ankles; nervousness; and extreme depression of spirits, the melancholy being often of a religious character. In short, we may have symptoms which are the precursors of puerperal mania, and it is important that these symptoms should be early detected, because they are then amenable to treatment.

The symptoms of excessive lactation may occur in delicate women who have had several children in quick succession. Also as the consequence of inherent deficiency of the vital powers; imperfect nutrition; haemorrhage, abortion, or exhausting leucorrhœa, or any other accidental cause of debility, involving most

injurious, often lasting, consequences to the mind and body.

TREATMENT.—*China*.—Great weakness, noises in the ears, palpitation of the heart, swelling of the legs, etc.; especially if the patient has been subject to night sweats, excessive menstruation, severe hæmorrhages, or leucorrhœa.

Actaea rac..—Mental dullness and heaviness; melancholy; alternate depression and exaltation. This remedy is especially valuable in melancholy from too prolonged lactation; it is also useful when this symptom occurs during menstruation or pregnancy.

Causticum.—Excessive appetite, followed by a sense of emptiness soon after eating, or *loss of appetite*; irritable, easily vexed, or vehement disposition; impaired memory; nervous anxiety, with *despondency*; throbbing headache, with pulsations and noises in the ears; threatened amaurosis; twitchings and jerkings in various parts of the body; profuse leucorrhœa; copious sour *perspirations*.

Calcarea.—Scrofulous or chlorotic symptoms, with loss of appetite, emaciation, and consumptive tendency.

Phosphorus.—Dry cough, short breathing, with predisposition to consumption.

Lycopodium, *Pulsatilla*, *Rhus*, and *Bryonia*, may also be prescribed in certain conditions.

Administration.—A dose of the selected remedy every four or six hours.

ACCESSORY MEANS.—In addition to the administration of remedies suited to the existing symptoms, it is of the first importance that the cause of the symp-

toms should be at once removed; indeed, nothing short of this will in general be of the slightest use. Weaning, therefore, is the first indication, and should be commenced at once; the attempt to force the supply of milk by large and frequent quantities of beer, wine, or spirits, will only tend to the more perfect exhaustion of the mother. Should the infant be four or six weeks old, it may be weaned with a fair chance of doing tolerably well. Indeed, cases now and then occur in which the function of lactation cannot be continued even so long as a month. In slight cases, however, and when the infant is but a few weeks old, the mother should have a good supply of plain nourishing food, and should take cocoa, to the exclusion of tea, coffee, etc. This beverage is often productive of the best results in augmenting the secretion of milk. If, notwithstanding the use of these means, a proper supply of milk is not yielded, and the health and strength of the patient do not improve, all attempts at nursing should be at once abandoned. The child should be fed in part with *Sugar-of-Milk*, an almost perfect imitation of breast-milk, or, when the child is a little older, *Neave's Farinaceous Food*, or some similar preparation.* These articles have now been extensively used, and in all cases in which infants are wholly or partly deprived of the natural supply of milk, they should be fed with one of them, since they answer every purpose. They are readily and economically

* In America a compound of malt and wheaten flour, heated to a considerable degree—and called “Comstock's Rational Food”—is much used and well spoken of by medical men.

prepared, and often entirely supersede the necessity for a wet-nurse, by divesting hand-feeding of danger.

We know of no food so suitable for infants deprived of breast and milk, as that which can be made by boiling Graham flour for half an hour, straining it through a cloth, adding a little sugar and salt, and enough water to enable it to be fed through a nursing bottle. As the babe grows older, add a little cream.

L.

INDICATIONS FOR WEANING.

Further, should the monthly courses return, or should pregnancy commence, weaning should immediately take place. To persist in nursing under such circumstances would be a course fraught with danger to the mother, and, probably, productive of permanently feeble health and stunted growth in the infant. Mania, where there is any predisposition to it, is extremely likely to happen when pregnancy or menstruation is allowed to proceed simultaneously with lactation.

XII.—WEANING.

The ordinary period for weaning is about the ninth month; and the time that the child is in good health, and free from the irritation of teething, should be chosen as the most appropriate.

The old idea, which is still extant among the credulous, that the “sign” in the moon has any significance as to the proper period for weaning a child, is, to use a cant phrase, “all moonshine.” L.

If the mother is feeble and sickly, it is generally desirable to wean the infant when it is six months

old, or, as stated in the previous section, even at the end of the first or second month, if the mother presents evidence of suffering from lactation. On the other hand, if the child is very feeble, or suffering from any disease, it may be well to nurse it to the tenth or eleventh month, if the mother's health is robust. Beyond that time nursing is nearly always productive of serious consequences both to the mother and child. When weaning is decided upon, the mother should gradually diminish the allowance of the breast, and increase the supply of suitable kinds of food; "at length she should only suckle him at night; and, lastly, it would be well for the mother, either to send him away, or to leave him at home and to go away herself for a few days. It is a good plan for the nursemaid to have a half-pint bottle of new milk (which has been previously boiled to prevent it from turning sour), in bed, so as to give a little to the child in lieu of the breast. The warmth of the body will keep the milk of a proper temperature, and supersede the use of lamps," etc. As soon as the weaning is commenced, the mother should remain very quiet for a few days, in order that the swollen breasts may not suffer from the motion of the arms or the pressure of the stays, and that the system may be free from excitement. She should take very light nourishment; refrain from food likely to induce thirst; drink as little as possible, and that cold water; keep the breasts covered with some light, warm material; and eat dry food.

TREATMENT.—*Bryonia* may be administered if the milk continue in excessive quantity.

Belladonna, if there be redness and painful distension of the breasts.

Calcarea, *Pulsatilla*, and *Rhus tox.*, are also remedies sometimes required in this condition.

ACCESSORY MEANS.—In addition to the suggestions offered above, if the flow of milk continue too abundant during the first few days of weaning, nipple-glasses may be kept applied to receive the milk; gentle friction with the hand, lubricated with olive oil, may also be had recourse to, for softening the skin. The breasts must not on any account be drawn, as a continued secretion is thus promoted; such a practice also endangers the formation of mammary abscesses.

The breasts should not only be kept soft, but warm also. Camphorated, or phosphorated oil, are preferable to simple Olive oil. They may be rubbed in gently, applied by means of a bit of flannel, or, better still, heated in by means of a hot shovel, or by sitting very near the fire. L.

CHAPTER X.

MANAGEMENT OF EARLY INFANCY AND ITS DISEASES.

THE following brief sections include the general management of infants *only during the first few months*. Ailments incidental to more advanced children—teething, the eruptive fevers, hooping-cough, inflammations of the chest and abdomen, etc., are not introduced into this manual.

I.—THE NEW-BORN INFANT.

As an illustration of helplessness and weakness, nothing can exceed that which an infant presents at birth. It requires help of every kind, and if abandoned, it soon perishes.

If an infant is born before the doctor's arrival, it should receive the attentions pointed out in the section on "Labor." If the child be healthy and strong, it will cry vigorously; for the transition from a condition of unconscious repose, in a bland fluid, at a temperature of 98° Fahr., to the contact of rough clothes and a comparatively cold temperature, is certainly not agreeable. The act of crying helps to fill the lungs with air, and thus the functions of breathing and circulation are established.

As a rule, the stronger the cries of the child, the more vigorous it is. Weak, puny children scarcely cry at all. The same is true of infants who have suffered much from protracted, or instrumental delivery. Boys cry more lustily than girls.

THE FIRST WASH.

As soon as breathing is fairly established, and the navel-string tied, the infant should be enveloped in soft warmed flannel, and, everything being ready beforehand, it should be immediately washed. We say *immediately*, for a new-born child is often allowed to remain a long time before it is washed, and even then it is not always washed quickly and skillfully, so that it shivers, and the skin becomes blue before it is placed by its mother's side.

At birth the infant is covered with a greasy, tenacious matter; this should be washed off by means of a fine sponge, with warm water and a little soap, and then carefully dried with a soft warmed towel. If the unctuous matter does not easily come off, no force should be employed in removing it, as it will come off with subsequent washings, or scale off in a day or two. As soon as the washing is completed, a little violet-powder—finely-powdered scented starch—may be dusted lightly on the surface, especially in the creases of the joints. Immediately after washing, the infant should be laid in its mother's bosom, and not, as is too often the case, placed by itself in a cradle, where it is in danger of being too cold. As a general rule, for the first few weeks it should sleep in the same bed

with its mother, especially during cold weather; afterwards it should sleep in a cradle or cot.

DRESSING OF THE NAVEL.

This is to be done by folding a piece of soft linen into four or six thicknesses, about six inches by three, and cutting a hole through the centre for the remnant of the cord, winding round it a strip of soft linen; then one half of the folded linen should be doubled over the other half so that the portion of cord lies between the folds, and directed upwards towards the chest; the whole is to be kept in apposition by a band, about four inches wide, passed gently round the child's abdomen, and worn till the remnant of the cord comes away, which is usually about the sixth or seventh day. Till then, great care should be exercised not to disturb it during washing.

Prof. Sanders wraps the stump of the cord in cotton-batting so completely as not to allow it to come in contact with the skin of the abdomen. He insists that with this simple dressing there is less danger of inflammation than with the old. L.

PRESENTING THE INFANT TO THE BREAST.

As soon as the mother has somewhat recovered from the exhaustion of labor, the infant should be put to the breast. The disturbances incident to the coming of the milk are often prevented or much diminished by applying the child to the breasts as early after delivery as practicable; it also tends to appease the

wants of the infant, and in the mother reduces the chance of secondary uterine haemorrhage and milk-fever.

II.—STILL BORN INFANTS.

Children are sometimes born *apparently dead*, and if prompt and skillful means are not adopted, this condition may pass into one of real and permanent death. So long, however, as the heart continues to beat, no matter how feebly, there is a probability that well-directed efforts will be successful in exciting breathing.

CAUSES.—Constitutional feebleness, so that the effort necessary to commence breathing cannot be made; obstructed circulation during labor by pressure or twisting of the navel-string; too long-continued compression of the head; tenacious mucus in the mouth and throat, preventing the entrance of air; etc.

TREATMENT.—Efforts to promote breathing are to be made before the navel-string is divided. Obstructive mucus should be carefully wiped away from the mouth and throat, and the general surface exposed to cold air; an attempt should then be made to excite the function of breathing by blowing in the infant's face, sprinkling cold water on the face or chest, or alternately cold and hot, and by giving several smart blows with the hand on the buttocks and back. The back and limbs should be well rubbed, while the face is freely exposed to the air.

Sometimes the act of swallowing a little weak brandy and water [warm], will arouse respiration, and set the little machinery in motion. L.

If these means are not successful, and pulsation has ceased in the navel-string, it should be divided as before directed, and the infant plunged into a warm bath, 98° Fahr., or what is agreeable to the back of the hand. If the sudden plunge does not excite breathing, it will be no use keeping the infant in the bath beyond a minute or two, and Dr. Marshall Hall's ready method should be tried, as follows:

“Place the infant on its face; turn the body gently, but completely, *on the side and a little beyond*, and then on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly, fifteen times in the minute only.”

III.—WASHING AND DRESSING INFANTS.

WASHING.—Infants should be washed twice in the twenty-four hours, morning and evening. The best method is to dip the baby into a bath of tepid water, while the head is supported by the hand and arm of the nurse, and then have the whole surface of the skin rubbed with a soaped soft sponge or piece of flannel, and quickly and thoroughly dried with a fine towel.

During warm weather, tepid bathing should not be continued beyond one or two months, after which it should *gradually* be substituted for cold. Feeble infants may require tepid bathing somewhat longer. For children born in the winter, the luke-warm bath should be continued till the approach of warm weather, when the change to cold should be made. Except as above stated, the use of warm bathing is to be em-

phatically deprecated. The use of cold water, on the other hand, forms a great protection to children, as well as to adults, against excessive sensibility to cold.

THE DRESS.—Besides adapting it to the season, the clothing should be loose, soft, light, warm, arranged to fit without pins, and cover the legs, arms, and neck. The clothing should be scrupulously clean, and all soiled and wet articles immediately changed. Caps are unnecessary; the aim should be rather to “keep the head cool and the feet warm.” In all cases the night clothing should be looser and less warm than that worn in the day. It is also important that the dress should not impede the free movements of the limbs, or exert pressure on the digestive and breathing organs.

IV.—WET-NURSING AND HAND-FEEDING.

Unless she be incapable from debility or disease to furnish the necessary supply of milk, it is the natural duty of every mother to nurse her own children. Milk is the proper aliment for infants, at least during the first few months of life, and if no unavoidable obstacle prevent, this nourishment should be yielded by the mother in person, who should be jealous of deputing the duty to another.

Should, however, a mother be unable to fulfil this maternal duty, from constitutional or accidental debility or disease, the infant must either derive its supply from a wet-nurse, or be “brought up by hand.” If the mother has any tendency to consumption, all thought of nursing should be abandoned from the

first, and either a wet-nurse or feeding with *Sugar of milk* adopted.

QUALITIES A WET-NURSE SHOULD POSSESS.

The principal requisites for a good wet nurse are—that she be between twenty and thirty years of age; of active and temperate habits; of a robust and healthy constitution; of a quiet, patient, cheerful disposition; exempt from any scrofulous or syphilitic taint; complexion fresh and clear, and skin free from eruptions; gums red and firm; teeth sound; tongue clean, and breath sweet; breasts firm, vascular, and well-formed, with well-developed nipples; milk abundant, rather thin, and of a bluish-white color; and, lastly, it will be well if the date of her labor does not differ materially from that of the parent whose place she is to fill. In order to keep the wet-nurse in good health, she must live regularly on simple, nourishing, and digestible food, and much in the way she has been accustomed to; she must avoid overloading the stomach, and so inducing dyspepsia; she may drink beer or wine in moderation, when she has previously been in the habit of doing so, though if she can be persuaded to try milk, or milk-and-water, it will be better; she must be scrupulously attentive to cleanliness; and she should take daily moderate exercise in the open-air. If the catamenia appear while she is nursing, or if conception takes place, the infant will probably not thrive as it ought, owing to the diminution of the lacteal secretion; and a fresh nurse will generally have to be procured. Moreover, when the nurse

suckles a child of her own along with the nursling, constant care must be taken to ascertain that the supply of milk is sufficient for the wants of both. Suckling from a suppurating breast is bad both for infant and nurse. The only sure test of the goodness of the nurse is the condition of the child; if the latter, consequently, does not thrive, but becomes thin and puny, feverish and thirsty, sick, constipated, irritable, and restless, the nurse should be at once changed. (*Tanner*).

HAND-FEEDING.

Should it be necessary or desirable to bring up the child by hand, the nourishment should bear the closest possible resemblance to the mother's milk. The substitutes ordinarily adopted, to the great detriment of the infant's health, are numerous sorts of "Infants' Food," cows' milk diluted or not with water, arrowroot, biscuits, etc. The best method, and one which we have known successful in numerous instances, is cows' milk assimilated to human by slight dilution with water, and the addition of *Sugar of milk*, the cows' milk containing more oil (*cream*), but less sugar than that of woman.

FORMULA.—The late Mr. H. Turner, to whom we are indebted for the discovery, directed it to be prepared for use, as follows: "Dissolve one ounce of the *Sugar of milk* in three-quarters of a pint of boiling water. Mix as wanted with an equal quantity of fresh cows' milk, and let the infant be fed with this from the feeding bottle in the usual way. Always

wash the bottle after feeding, and put the teat into cold water, letting it remain until wanted again."

In carrying out the above directions, it is necessary to use cows' milk of good quality, and always to administer the food of a uniform temperature, namely, that of breast-milk, and for the first month not oftener than every two to three hours during the day, and every three or four hours during the night. On no account should the baby be allowed to sleep with the tube of the bottle in its mouth, to suck as often and as long as it likes.

About the fourth or fifth month, *Sugar of milk* may be gradually discontinued, and *Neave's Farinaceous Food*, or a similar preparation, substituted. About the eighth or ninth month, when the teeth usually begin to appear, a gradual change of diet is necessary. This should consist chiefly of farinaceous preparations—arrowroot, sago, and tapioca, made with milk; afterwards sop made with bread without alum, and bread-and-milk, light puddings, oatmeal porridge, and a little mutton broth, beef-tea, or bread soaked in a little gravy as it escapes when cutting up a joint of meat.

V.—MEDICINES SPECIALLY ADAPTED TO INFANCY; THEIR ADMINISTRATION, ETC.

As ailments are pretty certain, sooner or later, to arise in children, it is proper to be prepared to act promptly for their relief. In consequence of the activity of the vital powers, and the quickness and force of the circulation, there is a remarkable susceptibility to inflammatory action, disease rapidly running

on to organic mischief. A few Homœopathic remedies in a small case or chest are invaluable in every house in which there are children. The absence of nauseousness is an advantage which mothers can appreciate who have witnessed the natural and proper disgust of children to draughts and pills. The agreeableness of our remedies is, however, only one advantage; for the diseases of children are most strikingly controlled by Homœopathic remedies. The following medicines are especially recommended to be always kept in readiness :

<i>Aconitum</i>	<i>Ignatia</i>
<i>Arsenicum</i>	<i>Ipecacuanha</i>
<i>Belladonna</i>	<i>Mercurius</i>
<i>Bryonia</i>	<i>Nux vomica</i>
<i>Calcarea</i>	<i>Phosphorus</i>
<i>Chamomilla</i>	<i>Pulsatilla</i>
<i>Cina</i>	<i>Rhus tox</i>
<i>Coffea</i>	<i>Spongia</i>
<i>Hepar sulphur</i>	<i>Sulphur</i>

For infants the remedies are most conveniently administered in *Globules*, just crushed, and placed on the tongue, which may be moistened with a few drops of water; or one Globule may be dissolved in a tea-spoonful of water and administered for a dose. Tinctures, however, are equally serviceable; a few drops may be mixed, and administered in the proportion of half-a-drop for a dose.

The prompt administration of a few doses of an appropriate remedy will often be alone sufficient, or afford temporary relief, till the arrival of a Homœo-

pathic physician, or if there be not one within reach, till one can be consulted by letter.

In the treatment of infants, perseverance and hopefulness are necessary. Patient attention should be given to the investigation of every ailment, and no case should be abandoned as altogether hopeless. It is well known that children often recover from the most severe diseases, and in the great majority of instances, especially if taken in time, the balance will quickly turn in the right direction.

VI.—INFANTILE EVACUATIONS.

The first stool after birth is called the *meconium*, and is of a bottle-green or black color, and is generally passed soon after birth. Till Homœopathic teaching disclosed its injuriousness, it was customary to administer a purgative, the early discharge of the meconium being deemed of great importance. Should this be a little delayed, it is of no consequence, as the mother's first milk is thinner than what follows, and of a somewhat laxative nature; even the mechanical distension caused by the first food will usually cause the bowels to act. Should the discharge, notwithstanding, be tardy in its appearance, this is a far slighter evil than the administration of castor oil or any other purgative.

REMEDIES FOR CONSTIPATION.—*Bryonia*.—Constipation in irritable children, and when the stools are large and passed with difficulty.

Nux vomica.—Frequent, ineffectual urging.

Opium.—Torpor of the bowels; evacuation of small round balls.

Mercurius.—Sallow skin; pale stools; increased flow of saliva.

Sulphur.—Chronic constipation.

ACCESSORY MEANS.—*Frictions*. Lay the infant across the lap, naked, and rub with the warm hand first the spine and then the abdomen, dressing it directly afterwards. Sometimes an enema of tepid water is needed. As children get older they should be instructed to solicit the action of the bowels every morning after breakfast. It is also particularly necessary to avoid the use of bread containing any alum.

REMEDIES FOR DIARRHŒA.—*Chamomilla*.—Pale-green-colored, and too frequent motions; pains in the abdomen; peevishness; yellowish tint of the whites of the eyes.

Mercurius.—Whitish, very *green-colored*, or mucous discharges.

Mercurius cor..—Bloody, as well as mucous, evacuations, with *straining*.

Rhubarb.—Loose, sour-smelling evacuations.

Veratrum.—Almost continuous diarrhœa, with sickness, pale face, etc.

Arsenicum.—Diarrhœa with rapid emaciation, pinched face, etc.

Calc. carb..—Chronic diarrhœa of scrofulous children.

ACCESSORY MEANS.—In recent cases, a teaspoonful of arrowroot stirred in a little cold water, given cold; rice-water, made in the same manner as barley-water, administered cold and thin, is useful. In more protracted cases, small quantities of broth or beef-tea, with the addition of rice, given cool, are beneficial, if they

do not aggravate the symptoms. Also the tepid compress over the abdomen, and frictions down the spine and over the abdomen.

VII.—VOMITING.

Vomiting of milk is very common in infants, and shows, when the milk is returned uncurdled, that the function of digestion is at fault; on the other hand, when the milk returned is curdled, it simply shows that the stomach has been overloaded. A single act of vomiting, as when the stomach has been over-distended, or indigestible food has been taken, is favorable rather than otherwise. Persistent and troublesome vomiting requires careful treatment.

TREATMENT.—*Ipecacuanha.*—Simple vomiting from overloading the stomach, or from indigestion.

Pulsatilla.—Vomiting with diarrhoea, and when traceable to errors in the mother's diet.

Antimonium crud.—Vomiting from loss of tone in the stomach, nausea, eructations, etc.

ACCESSORY MEANS—A change of diet is generally necessary in the case of weaned or hand-fed children, and of the mother's diet, or of her habits, in the case of those who are fed by the breast. As too frequent feeding is often the cause of vomiting, the stomach must be allowed a little rest between one meal and the following. After the child is a week or two old, plenty of fresh out-of-door air and sunlight will improve the tone of the digestive organs.

VIII.—CRYING.

CAUSES.—In a majority of instances, the crying and fretfulness of an infant depend upon some mechanical cause,—uncomfortable clothing, the point of a pin in contact with the body, improper or over-feeding, wet napkins, etc. Crying is also the language by which it makes its wants known; but it is a mistake to suppose that the child should be presented to the breast, or that it is hungry, merely because it cries. The time since the previous suckling will determine the necessity or otherwise for feeding the child. It is often, however, due to indigestion, causing *colic* or wind, in hand-fed children, or in infants suckled by improperly selected wet-nurses.

TREATMENT.—*Chamomilla*.—Constant crying and drawing up of the legs; pain or distension of the abdomen; looseness of the bowels; crying supposed to be from earache or headache.

Belladonna.—Crying without any appreciable cause; flushed cheeks, glistening eyes; starting out of sleep and crying.

Coffea.—Nervousness, restlessness, and tossing about.

Aconitum.—Restlessness with febrile heat.

ACCESSORY MEANS.—The cause of crying should, of course, be sought out and removed. Relief and quietness may often be obtained by rubbing the abdomen with the warmed hand.

IX. — SLEEPLESSNESS.

Sleeplessness is a concomitant of many diseases, from pain and other causes. In children it may be due to nervous irritability, teething, irregularities in circulation, etc.

TREATMENT. — *Coffea.* — Nervousness, much crying, irritability, etc., without distinct febrile symptoms.

Aconitum. — Hot, dry skin, and other symptoms of fever.

Belladonna. — Sleeplessness during teething, with headache, flushed face, etc.

Ignatia. — Nervous excitement.

ACCESSORY MEANS. — Sponge the forehead and hands with cold water, but keep the feet warm. Let the child have regular out-of-door air. On no account administer soothing syrups or powders. One of the above remedies is infinitely superior. A warm bath for a few minutes will often soothe a sleepless infant, and act as an excellent narcotic.

X. — INFLAMMATION OF THE EYES.

(*Ophthalmia Neonatorum.*)

Two or three days after birth, occasionally not for two or three weeks, infants are liable to inflammation, involving the eyelids, and sometimes extending to the eyeballs.

SYMPTOMS. — A profuse discharge of thick yellow pus, which collects between the eyelids and the globe; this being removed, the conjunctiva is seen swollen, and so vascular as to resemble crimson velvet; the cor-

nea looks smaller than natural, and as if sunk in the bottom of a pit. The infant is very restless and feverish.

CAUSES.—Contact of the eye or eyes of the child with leucorrhœal or gonorrhœal discharge in the vaginal passage during birth. Possibly, irritation of the eyes after birth from neglect of cleanliness, exposure of the eyes to a bright light or a strong fire, or to soap or some mechanical irritant, may be a cause in other cases.

TREATMENT.—*Argentum Nitricum*.—This remedy is a specific in most cases.

Belladonna.—Discharge of foul matter; swollen eyelids; dread of light.

Aconitum.—At the commencement, if there is febrile disturbance.

Sulphur.—After the other remedies, to render the cure permanent.

ACCESSORY MEANS.—These consist chiefly in the observance of great cleanliness, the eyes being sponged or syringed out many times in the day, and in gently smearing the edges of the lids with olive-oil or a little lard by means of a camel's-hair pencil before the infant goes to sleep. It is important never to bathe inflamed eyes with *cold* water, as it is sure to aggravate the symptoms. On the other hand, *warm* sponging and fomentations nearly always do good. The *preventive* measures must have for their object the improvement of the mother's health prior to parturition, including the arrest of the local symptoms which are so frequently a cause of the disease in the infant.

XI.—CORYZA (*Sniffles*).

Infants are liable to suffer from a kind of catarrh, with obstruction of the nose, which interferes with breathing and suckling. Occasionally it is so severe that the child can only breathe through the mouth, and suckling has to be abandoned, as it causes suffocation. It is generally due to exposure to cold, neglect, improper clothing, etc.

TREATMENT.—*Aconitum*.—If given early, and repeated several times at short intervals, this medicine is generally sufficient to cure.

Nux vomica.—Dry obstruction, or watery discharge during the day, and stoppage at night.

Mercurius.—Profuse mucous discharge, with sneezing, soreness, and itching.

Euphrasia.—When the eyes also are much involved, with abundant watery discharge from them, etc.

ACCESSORY MEANS.—The interior of the nose should be frequently smeared with simple cerate, cold-cream, or tallow, to prevent the discharge from forming into hard crusts. If suckling is difficult or impossible, the milk should be drawn off, and the infant fed by means of a spoon.

XII.—CROUP (*Laryngismus Stridulus*).

Croup is of two varieties—Spasmodic, and inflammatory. The *Spasmodic* occurs at the youngest age, before the end of the first dentition.

SYMPTOMS.—It comes on suddenly, usually in the night, with a spasm of the muscles of the throat, so

that the child struggles to get its breath, with a choking noise, and becomes livid in the lips. It usually occurs during dentition, or irritation in the stomach and bowels. Under proper treatment the attack generally soon passes off, but sometimes it is premonitory of disease of the brain.

Inflammatory Croup is less frequent, and often occurs after the primary dentition to near puberty. This variety should always be under the care of a Homœopathic practitioner.

TREATMENT of Spasmodic Croup.—*Aconitum*.—In urgent cases, this medicine should be administered every fifteen minutes, and in less urgent cases, every one or two hours, if there is heat, thirst, short dry cough, and difficult breathing. This remedy is of priceless value in the early stage of the disease.

Spongia.—If *Aconite* produces perspiration, and the spasmodic breathing continues, administer *Spongia* instead of *Aconite*, or in alternation with it. This remedy is particularly indicated if the breathing is labored, loud, and wheezing, and the cough hoarse, hollow, barking, or whistling.

Hepar sulphur.—When the cough is loose, has the ringing or brassy sound so peculiar to croup, and is attended with a constant rattling in the chest, during which the patient tries in vain to get relief by expectoration. This remedy is often well adapted to the inflammatory form of the disease. If febrile symptoms are also present, *Aconitum* must be alternated with *Hepar sulphur*.

Administration.—In severe cases, every fifteen to

thirty minutes; in less severe cases, or as improvement ensues, every one to four hours.

ACCESSORY MEANS.—The feet should be kept warm, and there should be no strings or tight articles round the neck. A warm-bath, and hot-water applications to the throat, are highly advantageous. During an attack, water only is admissible; afterwards, milk-and-water, etc.

In the worst cases, one precaution should not be forgotten: *Keep the child awake* until the symptoms are manifestly relieved; give the medicine regularly, and do not be deceived by its inclination to sleep.

We have more confidence in the second or third decimal trituration of *Tart. emetic*, than in any or all other remedies in ordinary croup. It should be given in solution, and frequently repeated. L.

XIII.—RED-GUM—HEAT-SPOTS OF INFANTS.

This consists of a crop of pimples, usually on the face, neck and arms, but sometimes more or less over the whole of the body.

CAUSES.—Too warm, or infrequently changed clothing, heat of the weather, indigestion, the mother's milk, teething, etc.

TREATMENT.—*Rhus tox.*—Confluent, or small red pimples, with a watery secretion.

Sulphur.—Eruption with itching or burning.

Aconitum.—Redness and fever.

ACCESSORY MEANS.—Sponge the skin with warm water several times a day; avoid too warm clothing.

XIV.—SORE MOUTH—THRUSH (*Aphthæ*).

SYMPTOMS.—Small vesicles or white specks appear upon the lining membrane of the mouth, and are sometimes so connected as to form a continuous covering over the tongue, gums, palate, etc. The disorder may also extend to the stomach and bowels, setting up violent diarrhoea and such general disturbance as to require the greatest skill and care to prevent a fatal issue.

CAUSES.—A delicate or strumous constitution; insufficiency or unhealthy condition of the mother's milk; or, in infants who are fed by hand, an unsuitable quantity or quality of food; want of cleanliness; general disease.

TREATMENT.—*Borax* has a specific power over this affection, and will alone cure if the disease is limited to the mouth. The child's mouth may also be washed with a weak solution of *Borax* (four grains to one ounce of water), by means of a soft brush.

Mercurius.—Is indicated by dribbling saliva, diarrhoea, offensive breath, etc.; if administered when the white specks first appear, it is often alone sufficient. A dose every six hours, for several days.

Arsenicum.—If the affected parts become brown or black, and have an offensive smell; or if the stomach and bowels become affected, and *exhausting diarrhoea* is present.

Sulphur may follow *Arsenicum* or any other remedy, if the latter does no further good; also when the thrush has nearly subsided, to prevent a relapse;

and when there are eruptions on the skin. A dose night and morning.

GENERAL TREATMENT.— Strict cleanliness, good ventilation, abundance of fresh, out-of-door air, and suitable diet. If the sore mouth be due to ill-health in the mother or nurse, the child should be at once weaned, and fed as already directed.

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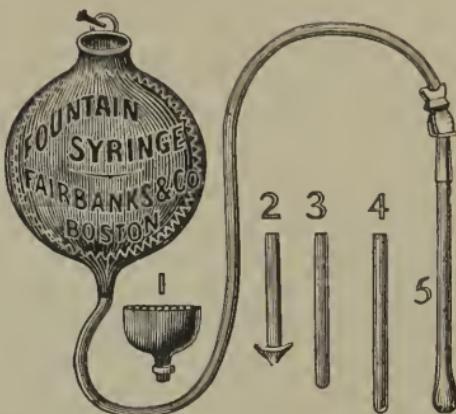
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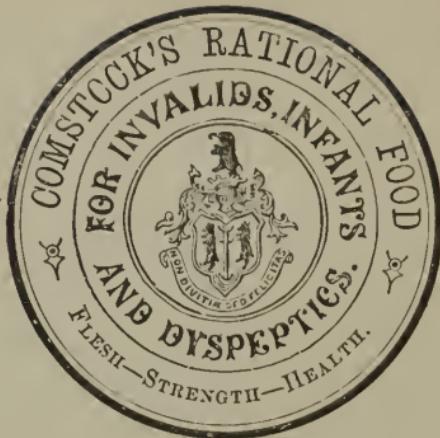
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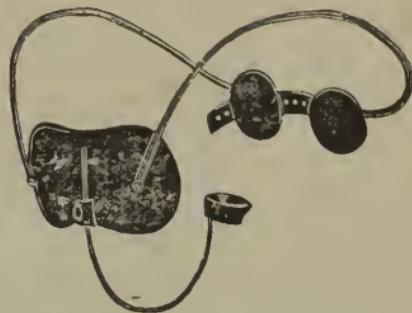
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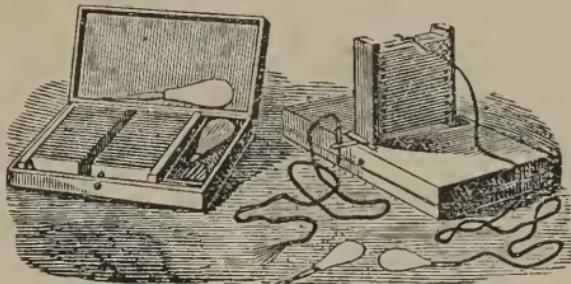
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